

HUMAN BITE REPORT FORM
ANY HUMAN EXPOSURE TO A POTENTIALLY RABID ANIMAL
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT, MONTANA
COMMUNICABLE DISEASE PROGRAM – (406) 751-8117

FAX REPORT TO 1-866-856-1565

PART 1 – Completed by HealthCare Provider, Not Patient

Patient's Name: _____ Age: _____ Male Female

Address: _____

City, State, Zip: _____

Phone: _____ Parent/Guardian (if <18): _____

Bite/Exposure Information:

Date of Bite/Exposure: _____ Time: _____ AM PM (circle one)

Part of Body Bitten: _____ Skin Broken: Yes No

Treatment Given: Yes No _____ Date: _____

Physician: _____ Phone: _____

Name of Reporting Clinic/ED/Urgent Care: _____

Description of Animal: Dog Cat Other _____

Address/Location of Incident: _____ City, State, Zip _____

How Bite/Exposure Occurred (if known): _____

Animal Owner's Name (If known) _____ Phone: _____

PART 2 – HEALTH DEPARTMENT OFFICE USE ONLY

Animal Control Officer: _____ CR#: _____

Animal Owner's Name (if known): _____ Phone: _____

Address: _____

Animal Information:

Animal Name: _____ Breed: _____ Color/s: _____

Age: _____ M F License No.: _____ Vaccinated: Yes No Unknown

Vaccination Cert. No.: _____ Vaccination Date: _____

Veterinarian: _____ Phone: _____

Provoked Bite: Yes No Prior Bites Reported: Yes No

Animal Disposition:

Animal Cannot Be Located Date: _____ Badge: _____

Animal Died/Euthanized Date: _____ Badge: _____

Animal Quarantined for 10 days – Animal Shelter Vet Home Start Date: _____ Badge: _____

Animal Specimen Shipped to Laboratory Date: _____ Badge: _____

F.R.A. Test: Yes No

Test Results: Positive Negative Unsuitable Date: _____

Victim Notified: Yes No Date: _____ Initials: _____

Follow-Up:

Animal examined at end of quarantine and is healthy Date: _____ Badge: _____

Notes: _____
