

## ANIMAL BITE REPORT FORM

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- Home observation    Referred to Dog Services    Animal sent for testing    VDL    OSPHL    PEP  
 Lost to follow-up    No follow-up warranted

### VICTIM

**Victim's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Sex:**  M    F

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Alternative Contact:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

### INCIDENT

**Date of Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Description of Incident:** \_\_\_\_\_

Provoked    Unprovoked

### MEDICAL

**Location of Injury:** \_\_\_\_\_

**Severity of Bite:**  Skin unbroken    Mild: skin puncture    Moderate: skin broken    Required surgery / broken bones

Wound cleaned with soap & water    Required sutures    Antibiotic prophylaxis    Cautioned about infection

Tetanus current    Tetanus given

**Treatment provided by:** \_\_\_\_\_



**ANIMAL INFO**

**Animal Owner:** \_\_\_\_\_

**Owner Phone:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Type of Animal:**  Dog  Cat  Bat  Other: \_\_\_\_\_

**Age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Description:** \_\_\_\_\_

**Relationship of Pet to Victim:**  Victim's pet  Stranger's pet  Stray  Wild  Unknown

**Has animal been vaccinated:**  Yes  No  Unknown

**Vaccine Location:** \_\_\_\_\_

**Vaccine Dates:** \_\_\_\_\_

**REPORTING ENTITY**

Medical Facility  Veterinarian  Victim  Dog Services  Law Enforcement  Other: \_\_\_\_\_

**Name of Reporting Person / Agency:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Case or Incident Number (if applicable):** \_\_\_\_\_

**Jurisdiction:** \_\_\_\_\_

**CONTACT INFORMATION**

Clackamas County Public Health Division  
2051 Kaen Rd #367  
Oregon City, OR 97045

Infectious Disease Control & Prevention  
Phone: (503) 655-8411  
Fax: (503) 742-5389  
  
Clackamas County Dog Services  
Phone: 503-655-8628  
Fax: 503-557-2829