

**RECORD OF ANIMAL BITE**     SNHL     SPCH     Dr/Clinic \_\_\_\_\_

**Date of report:** \_\_\_\_\_

**HOSPITAL PERSONNEL complete this form** with patient or guardian at time of treatment.

**Date and Time of bite:** \_\_\_\_\_; \_\_\_\_\_ AM \_\_\_ or PM \_\_\_

Address of bite: \_\_\_\_\_ City: \_\_\_\_\_

**CIRCUMSTANCES OF BITE:**

---

**PERSON BITTEN:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

If Minor, Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Mailing (if different than above) \_\_\_\_\_

Part of body bitten: \_\_\_\_\_

**ANIMAL OWNER:**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Is animal located at this address: Yes \_\_\_ No \_\_\_ Where located: \_\_\_\_\_

**ANIMAL:**

Species: Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Color, Breed & Name \_\_\_\_\_ Age: \_\_\_\_\_

Spayed/Neutered? Yes \_\_\_ No \_\_\_ Rabies Vaccination Current? Yes \_\_\_ No \_\_\_ Veterinarian \_\_\_\_\_

**MEDICAL:**

Wound cleaned with soap and water? \_\_\_\_\_

Tetanus immunization current? \_\_\_\_\_

Victim cautioned about risk of infection? \_\_\_\_\_

Date of last tetanus Immi: \_\_\_\_\_

Disinfectant applied? \_\_\_\_\_

Antibiotic prophylaxis? \_\_\_\_\_

Treating Physician: \_\_\_\_\_

Other medical treatment: \_\_\_\_\_

I hereby state that the above information is complete and accurate to the best of my knowledge and I understand the above information will be released to the Lincoln County Health Department.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

**\*Copy to Medical Records**

**\*Fax same day to Lincoln County Animal Control (DOGS ONLY) 541-265-4917 and**

**Lincoln County Health and Human Services (ALL ANIMAL BITES) 541-574-6252**



**Lincoln County  
Record of Animal Bite**