



Health Assessment/Epidemiology

Date of incident: _____

10-day period End Date: _____

PLEASE FAX COMPLETED FORM TO 770-514-2313

Animal Bite Reporting Form (for Calls and Walk-ins)

Name of victim: _____ DOB: _____

Address of victim: _____ MRN: _____

City: _____ State: _____ Zip Code: _____

County of residence: _____ Gender: Male Female Transgender

Home phone#: _____ Cell or work phone#: _____

Bite Details: Comments: _____

Bite Scratch Other: _____ **Body Location:** _____

Address of incident: _____

City: _____ State: _____ Zip Code: _____ County of residence: _____

Type of Animal: _____ **Breed:** _____ **Color:** _____

Type: Pet Stray Wild/Feral Unknown **Vaccine status:** Current Expired Never given

Name of pet (if applicable): _____ **Date of last vaccine:** _____

Fate of animal: Not confined Home without confinement Confined Tested Unknown

Animal Control contacted? Yes No **If yes, what county:** _____

IF NO, PLEASE ADVISE TO REPORT TO LOCAL COUNTY ANIMAL CONTROL WHERE BITE HAPPENED

Owner's Name: _____ **Contact phone#:** _____

Address of owner: _____

City: _____ State: _____ Zip Code: _____ County of residence: _____

FOR OFFICE USE ONLY: Entered into SENDSS? Yes SENDSS#: _____ Date: _____

Advisement: PEP needed? Yes Completed? Date: _____ Facility: _____

Reported by: Name _____ Phone _____

Agency _____ Provider _____

Treatment: Antibiotics Tetanus booster Rabies PEP Sutures Surgery Other: _____