



BERRIEN COUNTY ANIMAL BITE REPORT

ALL ANIMAL BITES ARE REQUIRED TO BE
REPORTED WITHIN 24 HOURS OF INCIDENT

Submit form by Email to: animalbite@berriencounty.org



Reporting Agency: _____ Date: _____

ER WALK-IN PRIMARY CARE OTHER _____

Phone #: _____

If Rabies is suspected, please call Public Health Investigation at 269-927-5626

VICTIM INFORMATION

Name: _____ Phone: _____

Street Address: _____ Apt or Lot#: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: ____/____/____ Age: _____ Sex: Female Male Born as: _____

Alternative Contact: Name: _____ Phone: _____

STATEMENT OF INCIDENT

Date: ____/____/____

Time: _____ AM PM

PROVOKED

UNPROVOKED

DOG CAT OTHER: _____

Describe Circumstances: _____

ABOUT THE ANIMAL(S)

OWNERSHIP

- Victim's household pet
- Acquaintance's pet
- Stranger's pet
- Stray
- Wild

Description of Animal (age, sex, relevant history, breed (if known): _____

Owner: _____ Phone: _____

Address: _____ City _____ State _____

ANIMAL'S RABIES IMMUNIZATION HX

- Unknown
- Unvaccinated
- Vaccinated: Current
- Vaccinated: Not current
- Last shot given

____/____/____

****MUST BE COMPLETED BY MEDICAL PROVIDER****

Provider Name: _____ Phone #: _____

Location: _____

Describe location of wounds: _____

- Tetanus status checked
- Tetanus administered
- Wound healed
- Disinfectant applied
- Antibiotic prophylaxis prescribed
- PEP initiated Y N

****RABIES POST EXPOSURE PROPHYLAXIS:** Recommended NOT Recommended

**For Animal Control
Use ONLY:**

Officer: _____

Complaint #: _____

Date Taken: _____