Animal Bite

COOS COUNTY

FAX report to 541-888-8726 when the bite victim resides in or the incident occurred in Coos County.

Call 541-266-6720 to consult with public health personnel. (IF after hours call 541-266-6700).

CASE IDENTIFICATION—PERSON BITTEN

Complete All fields in yellow highlights

Who is REPORTING

- Vet
- Citizen
- Physician

Agency or Company ____________________________________________

Person Reporting ____________________________________________

Phone _______________________________

Date ___/___/___  Time ___:___

Victim’s M.D. _________________________

Phone ____________________________

CASE IDENTIFICATION—PERSON BITTEN

Complete ALL fields in yellow highlights

Worksites/school/daycare________________________________________

Occupations/grade _____________________________________________

SEX

- female
- male

DATE OF BIRTH ____/____/____

or, if unknown, AGE ______

BITE OR OTHER EXPOSURE

Complete ALL fields in yellow highlights

Date of bite ____/___/____  Time _____  am  pm

Describe location and nature of injuries

Describe circumstances leading to bite

ABOUT THE ANIMAL

Complete ALL fields in yellow highlights

Ownership

- victim’s household pet
- acquaintance’s pet
- stranger’s pet
- stray
- wild
- unknown

Rabies Immunization HX

- unknown
- unvaccinated
- vaccinated; current
- vaccinated; not current
- last shot given ____/___/____

Manufacturer ____________________________

Type of animal (age, sex, breed, relevant history)

Owner ____________________________

Address ____________________________

Disposition of Animal and Recommendations

Plan for Animal

- lost to follow-up
- hold for 10-day observation
- discard/release (no risk)
- send head to lab (batch)
- send head to lab (express)
- refer to Vet. Diagnostics
- home “quarantine”
- shelter “quarantine”

Test Results

- not tested
- negative
- unsatisfactory
- positive

Laboratory

- OSPHL (Portland)
- VDL (Corvallis)
- CDC

Additional Information (transportation details, etc.)
**FOLLOW-UP FOR VICTIM**

<table>
<thead>
<tr>
<th>ROUTINE FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>wound cleaned with soap and water</td>
</tr>
<tr>
<td>disinfectant applied</td>
</tr>
<tr>
<td>medical attention required</td>
</tr>
<tr>
<td>tetanus immunization status checked</td>
</tr>
<tr>
<td>victim cautioned about risk of infection</td>
</tr>
<tr>
<td>antibiotic prophylaxis (NB: not always indicated)</td>
</tr>
</tbody>
</table>

**Medical Provider ONLY:**

IS RABIES PROPHYLAXIS PROVIDED?

- [ ] yes
- [ ] no

**Comments**

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**ADMINISTRATION**

Remember to copy patient’s name to the top of this page.

Completed by ____________________________ Date ___________ Phone ____________________________ Investigation sent to OHS on ____/____/____

Date case report sent to OHS: ____/____/____