

Animal Bite

COOS

COUNTY

FOR STATE USE ONLY

#

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).

initial report date ____/____/____

animal species _____

CASE IDENTIFICATION—PERSON BITTEN

Complete ALL fields in yellow highlights

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City County Zip

e-mail address _____

ALTERNATIVE CONTACT (required for minor): ☐ Parent ☐ Spouse ☐ Household Member ☐ Friend

Name _____ Phone(s) _____

Address _____
Street City Zip

Who is REPORTING

☐ Vet ☐ Citizen ☐ Physician

Agency or Company _____

Person Reporting _____

Phone _____

Date ____/____/____ Time ____:____ ☐ am
(first report) ☐ pm

Victim's M.D. _____
(if different)

Phone _____

DEMOGRAPHICS

Complete ALL fields in yellow highlights

SEX ☐ female ☐ male

DATE OF BIRTH ____/____/____
m d y

or, if unknown, AGE _____

HISPANIC ☐ yes ☐ no ☐ unknown

RACE

☐ White ☐ American Indian
☐ Black ☐ Asian/Pacific Islander
☐ unknown ☐ refused to answer
☐ other _____

Worksites/school/daycare _____

Occupations/grade _____

BITE OR OTHER EXPOSURE

Complete ALL fields in yellow highlights

date of bite ____/____/____ time ____ am pm ☐ provoked ☐ unprovoked

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 _____ Phone(s) _____

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.)



PATIENT'S NAME ▶

Physician FOLLOW-UP FOR VICTIM

ROUTINE FOLLOW-UP

- ☐ wound cleaned with soap and water
- ☐ disinfectant applied
- ☐ medical attention required
- ☐ tetanus immunization status checked
- ☐ victim cautioned about risk of infection
- ☐ antibiotic prophylaxis (NB: not always indicated)

Medical Provider ONLY:

IS RABIES PROPHYLAXIS PROVIDED?

☐ yes ☐ no

Comments

ADMINISTRATION

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

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

Completed by _____ Date _____ Phone _____ Investigation sent to OHS on ____/____/____