**Graphical user interface, text

Description automatically generated**

**Oklahoma State Department of Health**

Protective Health Services

Mail: PO Box 268815

Oklahoma City, OK 73126-8815

Phone: (405) 426-8250

Fax: (405) 900-7557

**ROUTINE**

**ANIMAL BITE INVESTIGATION FORM**

**INITIAL CALL INFORMATION**

Date of Call:      County Health Dept. Contacted:

Name of Original Caller:      Contact Phone# for Caller:

Caller Associated with: Physician/physician’s office Animal Control/Law Enforcement Veterinarian/vet clinic

Private Citizen Sanitarian/Co. Health Dept. Other:

**VICTIM INFORMATION**

Name of Bite Victim:      Age:      Gender:  M  F

Parent or Guardian: (if < 18 years old)

Address of Victim:      City:

County:      State:      Zip Code:

Home Phone:      Work Phone:

What is the relationship of the bite victim, if any, to the animal’s owner?

Relative - Lives at same address?  YES  NO

Friend / Roommate - Lives at same address?  YES  NO

Neighbor  Work Associate  No Association  None Listed / Other

Name of Health Care Professional Who Examined and Initially Treated Bite Wound(s):

(First) (Last) (Degree or Title)

Hosp. / Clinic Address:

Office Phone:      After Hours Phone:

Has health care provider already made recommendations for rabies post-exposure prophylaxis (PEP)?  YES  NO

**BITE DETAILS**

Date Bite Occurred:      Approx. Time:       AM  PM

Place / Address Where Bite Occurred:

City/State/Zip:      County:

Description of Bite Wound (# of bites, location on body, severity…):

Situation That Resulted in Bite: 🞏 PROVOKED 🞏 UNPROVOKED 🞏 UNABLE TO TELL

Briefly describe circumstances leading to bite:

List any witnesses to the bite:

**ANIMAL INFORMATION**

Biting animal was:  a **single**, identifiable animal  **one of a pack** or litter, not individually identifiable

Species: ☐ Dog ☐ Cat ☐ Ferret Breed / Color / Other description:

Gender:  Male  Female Approx. age of animal, if known:      Neutered:  Yes  No

Does animal have a known owner or keeper?  Yes  No

If yes, Name:      Ph: Home      Work:

Address/City/State/Zip:

Directions to Address:

Has the animal been examined by a vet since the bit occurred?  Yes (Date Seen:      )  No

Veterinarian (if different from above):      Ph:

Animal’s Health Status (per vet): Healthy, no compatible symptoms with rabies infection

Some health problems, no compatible symptoms with rabies infection

Unhealthy, symptoms compatible with rabies infection

Rabies Immunization Status:  Currently vaccinated  Not vaccinated  Vaccination status unknown

Date of last rabies vaccination:      Type of Vaccine:       1 yr  3 yr

Veterinarian (if different from above):      Ph:

Next most recent rabies vacc. date (if given):      Type of Vacc:       1 yr  3 yr

What was animal’s behavior at the time of the bite?  NORMAL  ABNORMAL  UNKNOWN

If abnormal, describe:

**CASE DISPOSITION / RECOMMENDATION**

30 Day Rabies Observation Period at Veterinary Clinic or Approved Facility

Quarantine Order Required?  YES  NO

Supervising Veterinarian:      Ph:

Scheduled Release Date:

Status Upon Release:

|  |
| --- |
| 10 Day Home Quarantine Permissible  Description of Confinement Used:  Scheduled Release Date:  Verification of healthy status upon release by: |

Animal Euthanized / Submitted for Rabies Testing

Date of Euthanasia:

Result of FA Test:

Animal Not Available for Observation or Testing AND/OR

Rabies PEP received by bite victim?  YES  NO

Consulting or Treating Physician:      Ph:

Address:

Other Outcome / Recommendations:

**INVESTIGATOR**

Case Investigated By (print name):

Agency / Health Dept.:

Signature of Investigator:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: