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**Oklahoma State Department of Health**

Protective Health Services

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**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

**C:\Users\Lynnette\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\SLXYX85L\Stop-02-Sign[1].pngNOTE: If health care provider has not been contacted, STOP investigation and immediately refer to health care provider for bite examination.**

**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:

**NON-ROUTINE ANIMAL INFORMATION**

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

Type/ Species / 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:

**CONFINEMENT/ ENCLOSURE INFORMATION**

Is the animal currently confined at the vet’s facility or animal control facility?  Yes *(skip to Case Disposition)*  No

Has the animal been raised in captivity?  Yes  No Length of time with current owner:

Previous owner name & contact information (if applicable):

Address of current confinement location:

Description of current animal house/pen:

Approximate size of openings (if any):      Is there a lock on the enclosure?  Yes  No

List any other animals kept on the premises: ?

Which, if any, of the above animals may come into contact with the animal being investigated?

In your opinion, based on current observations, what is the likelihood this animal came into contact with an exposed rabies vector (i.e. skunk, bat, stray dog or cat, etc.)? Very Likely  Likely  Possible, but Unlikely  Very Unlikely

Other relevant findings or comments:

**INVESTIGATOR for NON-ROUTINE ANIMAL BITE**

Case Investigated By (print name):

Agency / Health Dept.:

Signature of Investigator: Date Report Portion Completed:

**EPIDEMIOLOGIST**

Date Report Received by ADS:      Time:

Assigned Epidemiologist (print name):

Date of Final Notice / Contact with Bite Victim:

Signature of Epidemiologist: Date Report Portion Completed:

**CASE DISPOSITION / RECOMMENDATION**

30 Day Rabies Observation Period

Quarantine Order Required?  YES  NO

Supervising Veterinarian:      Ph:

Date of Entry into Quarantine:

Date of Exit from Quarantine:

Status Upon Release:

Verification of healthy status upon release by:

Animal Euthanized / Submitted for Rabies Testing

Euthanasia Order Required?  YES  NO

Date of Euthanasia:

Result of FA Test:

Animal Not Available for Observation or Testing AND/OR

Bite Victim Opted to Receive Rabies Post-exposure Prophylaxis

Rabies PEP received by bite victim?  YES  NO

Consulting or Treating Physician:      Ph:

Address:

Very Low Risk. No Further Action Necessary.

Other Outcome / Recommendations: