

ANIMAL BITE REPORT FORM

For use by Hospital Emergency Rooms, Physicians and Public Safety Officials.
Give bottom portion of form to animal owner. Send completed top portion to:

MARQUETTE COUNTY HEALTH DEPARTMENT DIVISION OF ENVIRONMENTAL HEALTH

184 US 41 East, Negaunee MI 49866

Tel: 906-475-4195 Fax: 906-475-6500

(Please call the Health Department Director if rabies exposure is suspected and prophylaxis has been given or is being considered or if the biting animal is dead.)

Date of Report: _____

Time: _____

I.

PATIENT NAME: _____

ADDRESS: _____

TELEPHONE #: Home: _____ Work: _____

IF CHILD, NAME OF PARENT OR GUARDIAN: _____

BITING ANIMAL INFORMATION:

WAS BITING ANIMAL WILD? Yes _____ No _____ ANIMAL CAPTURED? Yes _____ No _____

IF DOMESTIC ANIMAL, IS OWNER KNOWN? Yes _____ No _____

NAME OF OWNER: _____

ADDRESS: _____

TELEPHONE #: Home: _____ Work: _____

HAS THIS ANIMAL BEEN BROUGHT INTO THE STATE FROM TEXAS? Yes _____ No _____

II. INCIDENT DETAILS:

1. DATE OF BITE: _____ TIME: _____

2. DESCRIPTION OF ANIMAL AND BREED: _____

3. CIRCUMSTANCES OF BITE: _____

4. IS ANIMAL VACCINATED FOR RABIES?: Yes _____ No _____

5. LOCATION OF BITE ON BODY: _____

6. TREATMENT OF WOUND: _____

7. WAS RABIES PROPHYLAXIS OFFERED: Yes: _____ No: _____

8. PATIENT GIVEN RABIES PROPHYLAXIS: Yes: _____ No: _____

9. TREATING PHYSICIAN'S NAME: _____

10. REPORT COMPLETED BY: _____

11. FACILITY: _____

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MARQUETTE COUNTY HEALTH DEPARTMENT

Division of Environmental Health

Tel: 906-475-4195 Fax: 906-475-6500

CONFINEMENT & CONTROL OF BITING ANIMAL

DATE ISSUED: _____ ISSUED TO (Owner of Animal): _____

DATE OF BITE: _____ ISSUED BY: _____

In accordance with the Michigan Public Health Code, Act 368, P.A. of 1978 and Rules developed thereunder, and Article XIII of the Marquette County Environmental Health Code, you are hereby notified that it is your responsibility to confine the biting animal for a period of at least ten (10) days from the date of the bite. During that time the animal MAY NOT BE REMOVED FROM CONFINEMENT, NOR FROM THE SITE OF CONFINEMENT, NOR DESTROYED without prior approval of the Health Department. The Health Department must be notified immediately should the animal become ill, dies, or escape before the end of the confinement period. You will be contacted at the end of the confinement period for release of the animal.