

PLEASE PRINT CLEARLY



FAX COMPLETED REPORTS TO:
(775) 328-3764

ANIMAL BITE REPORT – To Be Completed By Health Care Provider

INSTRUCTIONS FOR COMPLETING FORM:	<p>This form should be completed by the health care provider, unless the person bitten did not seek medical care. PLEASE PRINT LEGIBLY. Complete all sections in full.</p> <p>Fax completed form as soon as possible to the District Health Department at 328-3764. This allows the local rabies control authority to evaluate & monitor the biting animal & fulfills the health care provider's requirement to report animal bites under Nevada Administrative Code 441A. The original form should stay with the patient's chart.</p> <p>Questions? Please call 328-2447.</p>
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Today's Date: ____/____/____	Name of Hospital/ Urgent Care/Clinic: _____
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Exposed Person	Name: _____ Age: _____
	Parent/Guardian's Name if patient is a minor: _____
	Street Address: _____ City: _____ State: _____ Zip: _____
	Phone: Home: _____ Work: _____ Cell: _____

Bite	Date Bite Occurred: _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	Where on body bitten: _____ Skin Broken? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> If bite occurred at exposed person's address, check this box and skip to Animal Information. If not, complete the following: Address/place where bite occurred: _____
	Street Address: _____ City: _____ State: _____ Zip: _____

Animal Information	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: _____
	Owner's Name: _____
	<input type="checkbox"/> If owner is exposed person, check this box & skip to Medical care obtained. If not, complete the following:
	Street Address: _____ City: _____ Zip: _____
	Phone: Home: _____ Work: _____ Cell: _____

Medical care obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete the following:
Health care provider: _____	Hospital/Urgent Care/Clinic: _____

Explain circumstances of bite incident: _____

This information is accurate to the best of my knowledge.

Signature of Person Bitten or Parent/Guardian: _____