

MCHD Animal Bite Report Form
(Must be completed for ALL animal bites)
Complete and FAX to: (406) 822-3745
Phone: (406) 822-3564



Victim Information (To be completed by LE, HCP, Public Works, Public Health)

Full Name: _____ DOB: _____
Date and time of Bite: _____ Location of incident: _____
If Minor, Parent/Guardian's Name: _____
Address: _____ Phone: _____

Bite Information (To be completed by LE, HCP, Public Works, Public Health)

Circumstances under which the bite/scratch occurred: _____

Description of wounds: _____

Treatment of wounds: _____

- | |
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| <p>Severity (circle one):</p> <ol style="list-style-type: none">1. Minor, scratch2. Minor, puncture, 4 or less3. Moderate, punctures, 4 +4. Severe, punctures deep, tearing, needing stitches |
|--|

Attending physician: _____ Date: _____
Facility: _____ Phone: _____

Date MCHD Notified of bite: _____ Reported to MCHD by: _____

Animal and Owner Information (To be completed by LE, HCP, Public Works, Public Health)

Is this animal a (circle one): pet/feral animal/wild animal? If a pet, please fill out owner information and pet description. If feral or wild, please fill out description of animal.

Owner of animal: _____ Phone/Cell: _____
Address of owner: _____

Animal Species: cat/dog/bat/other _____ Breed/description: _____
Animal Name: _____ Sex: M/F Age: _____ Color: _____ Current rabies tag? Y/N
Name and contact information for Veterinarian animal was seen by last (for record retrieval):

(To be completed by public health)

Provoked?: Y/N Date Vaccinated: _____ Expiration: _____
Education: owner by mail/text/email on _____ victim by mail/text/email on _____
Quarantine notice delivered to owner on _____ by _____ Date of vet check: _____
Final recommendation for victim: _____

Residential Confinement Agreement

In accordance with Montana ARM 37.114.571, I agree to confine said animal described as:
(description, breed/type, name of animal) _____
at the owner's or keeper's residence OR at a licensed veterinarian's office in such a manner as
to prevent the suspect animal from possible exposure to any person or other animal for a
period of ten (10) days after the bite from ___/___/20___ to ___/___/20___. *I further
agree to immediately notify the animal bite investigators if this animal becomes ill, is injured,
disappears, or dies during confinement.*

Mineral County Health Department: main office: 406-822-3564

24/7 contact: 406-830-0235

Mineral County Sheriff's Office: main line/dispatch: 406-822-3555

Address where animal will remain confined: _____

Signature of owner/responsible party: _____

Confinement Agreement issued by (name/contact information/title):

_____ Date: _____