

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



Victim Information

Last Name: _____ First Name: _____ DOB: _____
 Date of Bite: _____ Time of Bite: _____
 If Minor, Parent/Guardian's Name: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____

Bite Information

Circumstances under which the bite/scratch occurred: _____

Description of wounds: _____

<p>Severity (circle one):</p> <ol style="list-style-type: none"> 1. Minor, scratch 2. Minor, puncture, 4 or less 3. Moderate, punctures, 4 + 4. Severe, punctures deep, tearing, needing stitches

Treatment of wounds: _____
 Attending physician: _____ Date: _____
 Address: _____ Phone: _____

Animal and Owner Information

Species: _____ Breed/type: _____ Name: _____
 Sex: M/F Age: _____ Color: _____ Feral/Pet
 Current rabies tag?: Y/N Tag #: _____ Provoked?: Y/N
 Date Vaccinated: _____ Expiration: _____ Veterinarian: _____
 Owner's Name: _____ Phone/Cell: _____
 Address: _____ Veterinarian: _____
 Location of Incident: _____ Location of Animal: _____

Specimen Collected:	Date Animal Dispatched:	Date Specimen Shipped to Lab:	Results of Analysis:	Date Patient Informed:	Post Exposure Letter Sent:
_____	_____	_____	_____	_____	_____

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

Follow Up/Disposition (Animal Investigation)

If the animal has a current rabies vaccine, it may be confined at the owner's residence. The animal must be kept in a confined place where no other animals or humans may interact with it.

Residential Confinement Agreement

In accordance with Montana ARM 37.114.571, I agree to confine said animal described as:

Dog: _____ Cat: _____ other _____

at the owner's or keeper's residence 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 406-822-3564

Mineral County Sanitarian 406-822-3526

Mineral County Sheriff's Office 406-822-3555

I will deliver said animal to a licensed veterinarian at (veterinary clinic address):

_____ phone: _____

on ___/___/20__ for a subsequent check up.

If the animal does not have a current rabies vaccine, it must be immediately confined at a veterinary clinic for 10 days, and must receive a rabies vaccine before being released. The cost of confining an animal at a veterinary clinic is the responsibility of the owner.

Veterinary Confinement Agreement

In accordance with Montana ARM 37.114.571 I agree to deliver said animal described as:

Dog: _____ Cat: _____ other _____

to a licensed veterinarian or the animal shelter for a confinement within 24 hours from this date. Said animal will remain under the observation at (clinic address):

_____ phone: _____

for a minimum of 10 days after the bite from ___/___/20__ to ___/___/20___. Said animal is to be vaccinated for rabies before release from the veterinarian can be granted.

___/___/20__ _____ (Owner)

Further Notes and Comments

