



ANIMAL BITE REPORTING FORM

Required by Oregon State Law OAR 333-019-0024

Complete this form and fax to:

Yamhill County Public Health, Fax # (503) 434-7549

In addition, on **WEEKENDS** and **AFTER 5:00 PM**, it is also necessary to call:

Yamhill County Dispatch (503) 434-6500

Name of facility reporting (physician): _____ Phone: _____

1. Victim Information

Name: _____ DOB: ___/___/___ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name (if applicable): _____

2. Incident Information (Provider complete)

Date of Bite: _____ Time: _____ am/pm Provoked Unprovoked

Address or location of incident: _____

How did the incident occur: _____

Location of bite on body: _____

3. Medical Follow-Up (Provider complete)

Skin broken: Yes No Stitches required: _____

Additional injury info: _____

Wound cleaned with soap and water? Yes No Antibiotic prophylaxis: Yes No

Last known tetanus vaccine date & type: _____ Within past 5 years? _____

Tetanus vaccine given? (Circle) Td Tdap DTaP Date given: _____

Rabies prophylaxis initiated: Yes No

4. Animal Information

Ownership: Victim's pet ___ Acquaintance's pet ___ Stranger's pet ___ Stray ___ Wild ___ Unknown ___

Animal owner: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Type of animal: (circle) dog cat ferret other: _____ Age: _____ Sex: (M) (F)

Name/Breed/Animal description: _____

Rabies vaccination history: Unknown Unvaccinated Vaccinated; current Vaccinated; not current

License: _____ Vaccine expiration date: _____ Which Vet Clinic given at: _____

5. Disposition and Recommendation

10 Day Home "Quarantine" Comments: _____

10 Day Shelter "Quarantine"

Healthy animal after 10 days Date: _____ Sent for testing: OPHL _____ VDL _____

DO NOT DESTROY OR REMOVE ANIMAL