

**ANIMAL BITE REPORT FORM**

<input type="checkbox"/> Home observation <input type="checkbox"/> Referred to Dog Services <input type="checkbox"/> Animal sent for testing <input type="checkbox"/> VDL <input type="checkbox"/> OSPHL <input type="checkbox"/> PEP <input type="checkbox"/> Lost to f/u <input type="checkbox"/> No f/u warranted			
<b>VICTIM</b>			
VICTIMS NAME		DOB	M <input type="checkbox"/> F <input type="checkbox"/>
ADDRESS			
EMAIL		PHONE	
ALTERNATIVE CONTACT		OCCUPATION	
<b>INCIDENT</b>			
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT	
DESCRIPTION OF INCIDENT <input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked			
<b>MEDICAL</b>			
LOCATION OF INJURY	SEVERITY OF BITE <input type="checkbox"/> Skin unbroken <input type="checkbox"/> Mild: skin puncture <input type="checkbox"/> Moderate: skin broken <input type="checkbox"/> Required surgery/ broken bones		
<input type="checkbox"/> wound cleaned with soap & water <input type="checkbox"/> required sutures <input type="checkbox"/> antibiotic prophylaxis <input type="checkbox"/> cautioned about infection <input type="checkbox"/> Tetanus current <input type="checkbox"/> Tetanus given			
Treatment provided by			
<b>ANIMAL INFO</b>			
ANIMAL OWNER		OWNER PHONE	
OWNER ADDRESS			
TYPE OF ANIMAL <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Other:		Age	Sex
RELATIONSHIP OF PET TO VICTIM <input type="checkbox"/> Victims Pet <input type="checkbox"/> Strangers pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unk		HAS ANIMAL BEEN VACCINATED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	
VACCINE LOCATION		VACCINE DATES	
<b>REPORTING ENTITY</b>			
<input type="checkbox"/> Medical Facility <input type="checkbox"/> Veterinarian <input type="checkbox"/> Victim <input type="checkbox"/> Dog Services <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other :			
NAME OF REPORTING PERSON /AGENCY		PHONE	
CASE OR INCIDENT NUMBER IF APPLICABLE		JURISDICTION	

Clackamas County Public Health Division  
2051 Kaen Rd # 367  
Oregon City, OR 97045

Infectious Disease Control & Prevention  
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Clackamas County dog Services  
Phone: 503-655-8628      Fax: 503-557-2829