

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						
VICTIM						
VICTIMS NAME				DOB	M <input type="checkbox"/>	F <input type="checkbox"/>
ADDRESS						
EMAIL			PHONE			
ALTERNATIVE CONTACT						
INCIDENT						
DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT				
DESCRIPTION OF INCIDENT <input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked						
MEDICAL						
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						
ANIMAL INFO						
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	DESCRIPTION	
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			
REPORTING ENTITY						
<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
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Infectious Disease Control & Prevention
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