



ANIMAL BITE / BAT EXPOSURE REPORT



Fax completed form **within 24 hours** to GTCHD at 231-995-6126.

Please complete ALL fields on form to the best of your knowledge.

Patient Information

| | | | |
|---|--|--|---|
| Patient Name | | Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ | | Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino | |
| Street Address | | County of Residence | |
| City | State | Zip Code | |
| Phone () | Alternate Phone () | | |
| Name of Parent/Guardian (if patient is a minor) | | | |
| Date and Time of Bite | Description of Wound/Body Location of Injury | | |

Animal & Owner Information

| | | | |
|--|---|--|----------|
| Species | Breed | Animal Color/Description | Pet Name |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Reproductive Status <input type="checkbox"/> Neutered/Spayed <input type="checkbox"/> Unaltered <input type="checkbox"/> Unknown | Rabies Vaccine Up to Date <input type="checkbox"/> Yes (last given ___/___/___) <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Veterinarian | Behavior History of Animal | Health Status of Animal <input type="checkbox"/> Healthy <input type="checkbox"/> Not Healthy (explain below) | |
| Animal Status <input type="checkbox"/> Pet/Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild | Current Location of Animal | | |
| Owner Name | Owner Phone () | Alternate Phone () | |
| Owner Street Address | City | State | Zip Code |
| County of Residence | Relationship of Animal Owner to Patient/Victim | Incident Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Description of Incident | | | |
| | | | |
| | | | |
| | | | |

*****Bottom For Clinic Use Only*****

Facility & Treatment Information

| | | |
|--|---|---|
| Medical Treatment Facility | Phone () | Date of Service |
| Treating Provider | Name of Reporting Person | |
| Treatment (check all that apply) <input type="checkbox"/> Tetanus immunization status/Last received ___/___/___ | | |
| <input type="checkbox"/> Cleansed Wound | <input type="checkbox"/> Disinfectant Applied | <input type="checkbox"/> Infection Risk Discussed |
| <input type="checkbox"/> Antibiotic Prescribed | <input type="checkbox"/> Rabies Vaccine/ IG Given | |

Grand Traverse County Health Department

phone (231) 995-6125 * fax (231) 995-6126

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