Florida HEALTH

ANIMAL BITE REPORT

1. Case Number:

RABIES CONTROL INVESTIGATION

Date of Report: _____

2. Name (Last, First):	3. Sex: □Male □ Female	4. Age:	5. Telephone:
6. Address (No. & Street):	(City)	(State)	(Zip)
7. Name of Parent/Guardian (if victim is a minor):	8. Address (if different than above):		
9. Source of Information (Person or Office):	Telephone:		
10. Place of Attack:	11. Time and Date of Attack:		
12. Circumstances of Attack: □ K-9 (Police Action) □ Sick/Hurt	□ Unknown □ Other _____	□ Unprovoked	□ Playful □ Provoked
13. Animal Owner (Custodian):	Telephone:		
14. Address (No. & Street):	(City)	(State)	(Zip)
15. Type of Animal: □ Dog □ Cat □ Other (specify)	□ Owned □ Stray □ Wild	□ Male □ Female	□ Spayed/Neutered □ Unaltered □ Unknown Estimated Age:
16. Description (Breed, Color, Etc.):	17. License Number:	Date:	From:
18. Behavior: □ Normal □ Abnormal □ Unknown	19. Prior Bite History: □ Yes □ No		
20. Vaccination Status: □ Vaccinated □ Unvaccinated □ Unk. VET	Vaccination Date:	Rabies Tag No.:	□ 1 Year Vaccine □ 3 Year Vaccine □ 4 Year Vaccine
21. Animal Location: □ Unable to Locate Animal	□ Animal Confined	From Date:	To Date:
22. If at owner's home, has Quarantine Agreement been signed?	□ Yes	□ No	
23. Cause of Death: □ Illness □ Injury	□ Euthanasia	Date:	
24. Quarantine Released:	Date:	By:	
25. Veterinarian □ Did □ Did Not See Animal	26. Head examination is: □ Requested	□ Not Warranted	
27. Remarks:			
28. Head Sent to Lab:	Date: _____	By: _____	Telephone: _____
29. Results: □ POSITIVE	□ NEGATIVE	□ UNSATISFACTORY	
30. Victim Notified By: □ Person	□ Phone	□ Mail	Date: By:
31. □ Case Closed	Date:	By:	
32. Person Completing Form:	Telephone:		

DH 4042, 10/06
Stock No. 5744-000-4042-4

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