

# Animal Bite Incident Report Form

Guthrie Co. Environmental Health Dept.  
200 N 5<sup>th</sup> St Courthouses  
Guthrie Center, IA 50115  
641-747-8320  
641-747-8916 (fax)  
email: [envhlth@netins.net](mailto:envhlth@netins.net)

Bite reported by: \_\_\_\_\_ Date reported: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Date/Time of Bite: \_\_\_\_\_

Person bitten: \_\_\_\_\_ Parent/Guardian if minor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

Description of bite:  
\_\_\_\_\_  
\_\_\_\_\_

Owner of animal: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Type / Description of animal:  
\_\_\_\_\_

Name of animal: \_\_\_\_\_

Has animal been vaccinated:    yes    no    unknown  
If vaccinated, date of last vaccination: \_\_\_\_\_

Veterinarian who vaccinated: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Veterinarian where confined: \_\_\_\_\_ Date confinement began: \_\_\_\_\_  
Address: \_\_\_\_\_ Date can be released: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home confinement approved:    yes

If animal sacrificed, lab where tested: \_\_\_\_\_ Date sent: \_\_\_\_\_

Results of test:    positive    negative    inconclusive

**Use reverse of page for notes on persons contacted, dates contacted, etc.**