



Hancock Public Health

Your Recognized Leader in Population Health

Karim Baroudi, MPH, Health Commissioner

Board of Health

Barbara J Pasztor, RN, President

William Alge, ESQ

Brian Elder

Karen Sue Jones, RN, MSN

Michael A Lindamood, MD, MPH

Nancy Moody Russo, JD, BSN, RN

Robin Spoons

Nathaniel Ratnasamy, MD – Medical Director

DATE: _____

CODE: _____

TOWNSHIP _____

REPORT: _____

REPORT OF ANIMAL BITE

Name of Animal Owner: _____

Complete mailing address: _____

Phone number: _____

Description of animal (breed, color, markings, name, etc.)

Patient _____ Age _____

Mailing Address _____

Date Bitten _____

Parents _____ Address _____

Phone Number: _____

Circumstances of bite: _____

Area bitten and degree: _____

Attending Physician: _____

Reported by: _____

Was animal immunized against rabies: _____ YES _____ NO

Were instructions given relative to confinement and observation of the animal? _____ YES _____ NO

Reported to Hancock County Humane Society? _____ YES _____ NO



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HEALTH DEPARTMENT USE ONLY

Were instructions given relative to confinement and observation of animal? ____ YES ____ NO

Was animal observed after 10 day confinement? ____ YES ____ NO

Date observed _____ By whom _____

Was the animal properly confined? ____ YES ____ NO

Was immunization in force at time of bite? ____ YES ____ NO

Comments:

Animal appears healthy? ____ YES ____ NO

Animal is eating and drinking normally? ____ YES ____ NO

Was animal immunized against rabies? ____ YES ____ NO

If no, were instructions given for continued confinement and a time limit set for compliance?

____ YES ____ NO _____ DATE

Proper documentation of immunization was submitted to the department: ____ YES ____ NO

Date submitted: _____

If no, the information was turned over to the county prosecutor for legal action on _____.

Sanitarian _____

(REV 6/03)