Fergus County Health Department
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Animal Bite Form

I. Victim Information:

Last Name:_____ First:_____ DOB:_____

If child, parent's name:_____ email : _____

Address: _____Zip Code: _____

Phone(s): _____

II. Bite Information: Date of Bite: _____ Time of Bite:_____

☐ Check here if this bite was from your own cat / dog / ferret and occurred at your home.

OR Address where bite occurred: _____

Circumstances of bite/scratch: _____

_____

Description/location of wound(s): _____

_____

Severity (circle one): **1.** Minor, scratch **2.** Minor, punctures, 4 or less **3.** Moderate, punctures 4+ **4.** Severe, tearing, needing sutures

Treatment of wound(s): _____

Health Care Provider Name: _____ Date: _____

Facility: _____ Phone: _____

III. Animal and Owner Information: City Tag Number: _____

Species: Dog / Cat / Other: _____ Color:_____ Breed: _____

Name: _____ Sex: M / F / UNK Age: _____ / UNK Feral / Pet / UNK Provoked: Y / N / UNK

Vet:_____ Phone: _____

Current Rabies Vaccination? Y / N Tag #:_____ Expiration Date:_____ Date Administered:_____

Owner's Name: _____ Phone(s): _____

Address: _____Zip Code: _____

Email: _____Location of animal:_____

Information for Victim: In accordance with the Administrative Rules of Montana (ARM) 37.114.571 and 32.3.1201, all animal bites must be reported to the local Health Officer immediately so an investigation can commence. The local Health Officer investigates animal bites in an effort to prevent rabies (a communicable disease) from being transmitted to people. You will be contacted by Fergus County Health Department in order for more information regarding the bite to be collected. If you were bitten by a dog or cat, an attempt will be made to locate that animal to verify rabies vaccination status. The animal will have to be observed for 10 days after the bite. On day 10 that animal will be released from observation if there are no signs or symptoms of illness. You will be updated during the investigation and after the 10 day post-bite health check. If you have questions, please contact Fergus County Health Department.

IV: Follow-up information: (LHJ and LEO use only)

Date LHJ rec'd	ACO/Law Enf.	CR/SO#	Date Victim first contacted	Day 10	Date EH Closed	Reason	Date Case Closed

THE DAY OF THE BITE IS DAY ZERO

The costs of confining an animal, vaccinations, and the 10 day post-bite Health Check are the responsibility of the animal owner.

10 Day Observation Agreement per Administrative Rules of Montana 37.114.571

I (Owner's Name):_____ agree to confine my

Dog(s)/Cat(s)/Ferret:_____ Name:_____

from _____/_____/20_____ until _____/_____/20_____.

The observation will take place at: (select one)

☐ Veterinary Clinic (Vet Clinic Name: _____ Date taken in: _____)

OR

☐ my home in a manner to prevent more possible exposures to any other person or animal and I further agree to immediately notify Fergus County Health Department and a licensed Veterinarian if this animal becomes ill, is injured, has a change in behavior, or dies during confinement.

On post-bite Day 10, the above referenced animal must be released from observation by [insert animal control/law enforcement/public health]. If the animal shows signs or symptoms of illness, a licensed veterinarian must assess the animal. If you choose to have the animal euthanized prior to post-bite day 10, the animal must be tested for rabies.

The Veterinarian/Official performing the 10 day post-bite Health Check will be: _____

Owner's Signature: _____ Date: _____

Veterinarian Assessment (if necessary): Please complete (check all that apply) and fax to (406)535-7434. Thank you!

☐ I examined the above referenced animal on _____/_____/ 20_____and declare it to be free of clinical signs of rabies.

OR

☐ The animal had signs or symptoms consistent with animal rabies, and was euthanized for testing.

☐ The above referenced animal also received a rabies vaccination on _____/_____/20_____, prior to release from observation but not during the 10 day observation.

OR

☐ The above referenced animal was current on rabies vaccination.

Vet Signature: _____ Date:_____

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Information about the Bite Report Form and the Investigation.

Please remember that our timeline and reporting responsibilities are dictated in MCA and ARMs.

- 37-2-301 Duty to report cases of communicable disease
- 50-1-1 Definitions *(8) Local Health Officer*
- 50-2-116 Powers and duties of local boards of health
- 50-2-118 Powers and duties of local health officers
- 50-2-120 Assistance from law enforcement officials
- 50-2-122 Obstructing local health officer in the performance of duties unlawful
- 37.114.102 Local Board Rules
- 37.114.105 Incorporation by Reference
- 37.114.201 Reporters
- 37.114.203 Reportable Conditions-Rabies in a human or animal; exposure to a human by a species susceptible to rabies infection
- 37.114.204 Reports and Report Deadlines
- 37.114.314 Investigation of a case
- 37.114.571 Rabies exposure

Internal use

Victim Last Name: _____

Regardless of the method that the bite was reported: Currently, the ultimate responsibility of rabies investigation lies with the local Health Officer (37.114.571), Fergus County Health Department must be kept current on all information regarding a bite (or other possible rabies exposure) since we are responsible for making medical treatment recommendations.

		Date	Initials
☐ N/A			
☐ N/A	Spoke w victim; discussed incident; explained process and purpose; verified wound info and tx; obtained any missing demographics		
☐ N/A	Spoke w animal owner; explained process, purpose, quarantine, 10 day health check; obtained any missing demographics for owner and animal		
☐ N/A	Faxed release to Vet		
☐ N/A	EH letter to animal owner		
☐ N/A	EH letter to victim		
☐ N/A	Updated animal management partners via phone / fax / email		
☐ N/A	Updated animal management partners via phone / fax / email		
☐ N/A	Requested info from animal management partners		
☐ N/A	Requested info from animal management partners		
☐ N/A	Rec'd Info from animal management partners		
☐ N/A	Rec'd 10 day Health Check		
☐ N/A	Specimen collected		
☐ N/A	Shipped to lab		
☐ N/A	Results		
☐ N/A	Victim informed of outcome; verified wound healing		
☐ N/A	Animal management partners informed of outcome		

☐ N/A	**If stray;**		
☐ N/A	Description:		
☐ N/A	collar? Yes No Unsure Color:		
☐ N/A	Last seen:		
☐ N/A			
☐ N/A	Fax area Vets		
☐ N/A	Check FB posts to local groups		
☐ N/A	Other FB sites checked: _____		
☐ N/A	Check Craigslist Free and Pets listings		

Internal use

Incident Notes:

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Victim Last Name: _____