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ANIMAL BITE REPORT

Please report by phone all cases requiring immediate rabies prophylaxis. You need prior approval, by victim's county of residence, if reimbursement is expected.

Immediate prophylaxis would be for the following:

- a) Known rabies vector species which is not available for testing (ie coon, bat, fox)
- b) Severe bite wound from one of the above animals and the individual would benefit from Rabies Immune Globulin treatment into the wounds.

If animal is available for confinement or testing, **NO** rabies prophylaxis is started. Reminder: The County has 3 days to find a domestic animal that has bitten a human.

Incident Date: _____ Reporting Facility/Person: _____ Contact # _____

Individual Bitten: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Treatment: Td _____ Sutures: _____ Antibiotic Name: _____

Body Area Involved: _____ Follow up: _____

Animal Owner: _____ Phone Number: _____ Cell: _____

Address: _____

Description of Animal (if known):

Type of Animal Involved: _____ Name: _____ Color: _____

Size: _____ Distinguishing Features: _____

Date of Rabies Vaccination (if known): _____ Veterinarian: _____

Veterinarian Address: _____ Phone: _____