

WHITMAN COUNTY BITE REPORT FORM

REPORTED INFORMATION:

Report Date: _____ Reported By: _____ Phone: _____

Organization Name: _____ Hospital Vet Other: _____

Address: _____ Email: _____

ANIMAL INFORMATION:

Species: _____ Type of Animal: Domestic Wild Stray

Breed: _____ Description: _____

Animal Owner Information (if applicable): Name: _____ Phone: _____

Animal Health @ time of exposure: Healthy Injured Ill symptoms

Animal Vaccine Status: Vaccinated Unvaccinated or not current on vaccine Unknown

Date of (animal) last rabies vaccine: _____ Records Available Yes No

Animal is currently: Dead Alive Unknown

EXPOSURE INFORMATION:

Name of Person(s) Exposed: _____ Date of Exposure: _____

Personal Address: _____ Phone: _____

Physical Address/Location of Exposure: _____

Exposure Type: Bite Saliva Scratch Other Was the exposure provoked? Yes No

Describe Incident: _____

Whitman County Environmental Health staff will be in contact with the reporter and/or the exposed shortly after receiving this report. Please call our office with questions.

