

Date Received \_\_\_\_\_  
Report # \_\_\_\_\_

# ANIMAL BITE REPORT FORM

04/13/2011

For Report of Dog, Cat or Ferret bites

**WHATCOM COUNTY: Animal Control, Phone (360) 733-2080 x 1  
Fax (360) 733-4746**

**CITY OF LYNDEN: Lynden Police, Phone (360) 354-2828  
Fax (360) 354-7609**

**\*\*Note: Do not use for contact with bats. If rabies is suspected, refer to DOH Rabies Algorithm for Health Care Providers, at <http://www.doh.wa.gov/notify/other/rabiesalg.pdf> and contact the Health Department immediately \*\***

## VICTIM

Name \_\_\_\_\_ Female  Male  Age \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Parent or Guardian (if victim is under 18) \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address if different from above \_\_\_\_\_

## EXPOSURE

Date of Exposure \_\_\_\_\_ Time \_\_\_\_\_ AM  PM  Address/Location of incident \_\_\_\_\_  
Type of Exposure: Wound  Non Wound  Description \_\_\_\_\_  
Site cleaned with soap and water: Yes  No  Injury requiring stitches: Yes  No  Injury to face or head: Yes  No   
Treated by: Physician \_\_\_\_\_ Facility \_\_\_\_\_ Date \_\_\_\_\_  
How did exposure occur? \_\_\_\_\_  
\_\_\_\_\_

## ***ANIMAL (If a bat or other wild animal is involved, call the Health Department immediately!)***

Domestic Dog  Domestic Cat  Other  \_\_\_\_\_  
Breed/Physical Description \_\_\_\_\_ License # \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Female  Male  Micro Chip: Yes  No  Tattoo: Yes  No   
Color/Markings \_\_\_\_\_  
Rabies Vaccine Current: Yes  No  Date Given (DD/MM/YY) \_\_\_\_\_ Veterinarian \_\_\_\_\_  
Has animal been out of state? Yes  No  If yes, where? \_\_\_\_\_  
Current location of Animal \_\_\_\_\_

## **OWNER (For dog, cat or ferret exposures only.)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Was owner of animal informed of 10-day quarantine requirement? Yes  No   
Did owner agree to quarantine? Yes  No

## REPORTING AGENCY

Person Reporting \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_  Report faxed to Whatcom Humane Society for animal bite follow-up.

**IF, DURING THE TEN DAYS OF CONFINEMENT, THE ANIMAL SHOWS CHANGES OF BEHAVIOR, EXCESS SALIVATION, PARALYSIS, EXCITATION, OR IF THE ANIMAL DIES, CALL THE HEALTH DEPARTMENT IMMEDIATELY (360) 676-6724.**

**Please fax the completed form to Animal Control at (360) 733-4746  
OR if animal is within Lynden city limits, Lynden Police at (360) 354-7609**