

MICHIGAN COMMUNICABLE DISEASE RULES

All animal bites should be reported to the local health department in the county where the bite occurred and, if different, the local health department where the patient lives. The report must be made within 24 hours of the biting incident.

The report shall include all of the following information:

- Name, address, county and telephone number of person bitten
- Date of Birth of person bitten
- Animal owner's name, address, county and telephone number
- Species of bite animal
- Vaccination status of bite animal
- Date and location of biting incident
- Location of bite on the victim
- Reporting agency and signature of person completing report

Telephone numbers for AFTER HOURS:

Jean Howatt, BSN, RN	517-605-4240
Meredith Mackey, BSN, RN	517-215-0875
Natalie Johnson, BSN, RN	517-902-8036
Deidre Reed, BSN, RN, Nursing Director	517-260-1208

Lenawee County Health Department FAX number (517) 264-0790

MANDATORY ANIMAL BITE REPORTING –To be completed by reporting agency staff

DATE OF BITE _____ TIME: _____

REPORTING AGENCY _____ Agency Phone _____

PERSON BITTEN

Name of Victim _____ Home Phone () _____

Home Address _____ City _____ State _____ Zip Code _____

Date of Birth: _____ M F COUNTY _____

Name of Parent/Guardian (if applicable) _____ Phone () _____

ABOUT ANIMAL

Type of Animal Dog Cat Other _____

OWNERSHIP

Pet Stray Wild Not available for observation

Name of Animal Owner _____ Phone () _____

Address of Animal Owner _____

Address of biting incident (if different) _____ City/State/ZIP CODE COUNTY

City State/ZIP CODE/COUNTY

Rabies Immunization HX: Unknown Unvaccinated Vaccinated

Name of Veterinarian _____ Is animal quarantined? _____ Where? _____

BITE OR OTHER EXPOSURE

Describe circumstances of bite/exposure _____

Describe Injury _____

TREATMENT & FOLLOW-UP OF VICTIM (please circle appropriate response)

Wound cleansed & disinfectant applied Y N Tetanus administered Y N Up to date

Antibiotics prophylaxis Y N

Victim ever received pre-exposure rabies prophylaxis Y N

Post-exposure rabies prophylaxis recommended Y N

Rabies immune globulin administered Y N Site _____ Amount _____

Rabies vaccine administered? Y N Site _____ Amount _____

Instructed regarding vaccine series Y N

Education given; Signs & symptoms of rabies and infection Y N

Comments _____

Name of law enforcement agency notified _____

Report completed by _____ Date _____

FAX THIS COMPLETED FORM TO THE LENAWE COUNTY HEALTH DEPARTMENT (517) 264-0790