

## 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:

Theresa Enriquez, LPN	517-902-6737
Paula Ulrich, BSN, RN	517-920-0355
Meredith Mackey, BSN, RN	517-215-0875

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

**MANDATORY ANIMAL BITE REPORTING –To be completed by reporting agency staff and faxed to the LCHD within 24 hours of incident.**

DATE OF BITE \_\_\_\_\_ TIME: \_\_\_\_\_

REPORTING AGENCY \_\_\_\_\_ Agency Phone \_\_\_\_\_

**PERSON BITTEN**

Name of Victim \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender 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**