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 ___________________________ City/State/Zip Code ______ County ______
Address of biting incident (if different) ___________________________ 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 LENAWEE COUNTY HEALTH DEPARTMENT (517) 264-0790