

**Animal Bite Reporting**  
**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 should be completed by the veterinarian, healthcare provider or police officer and 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

<b>Main Health Department Number:</b>	517-264-5226 (option 2)
Nicole Hanna, Public Health Nurse	517-264-5250
Meredith Mackey, Public Health Nurse	517-264-5243
Andrea Coffman, Public Health Nurse	517-264-5232
<b>After Hours (for veterinarians, healthcare providers and police officers only) - call Lenawee County Central Dispatch and let them know you have an animal bite emergency and need someone from the health department to contact you.</b>	517-263-0524

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 \_\_\_\_\_

Rabies Immunization HX:  Unknown  Unvaccinated  Vaccinated City \_\_\_\_\_ State/Zip Code/County \_\_\_\_\_

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**