

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

Main Health Department Number:	517-264-5226 (option 2)
Meredith Mackey, Public Health Nurse	517-264-5243
Andrea Coffman, Public Health Nurse	517-264-5232
Nicole Hanna, Deputy Director of Nursing	517-264-5250
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.	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 _____ Phone () _____ Email _____

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 () _____ Email _____

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