

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

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| Main Health Department Number: | 517-264-5226 (option 2) |
| Allison Johnson, Primary Contact | 517-264-5233 |
| Nicole Hanna, Deputy Director of Nursing | 517-264-5250 |
| Meredith Mackey, Public Health Nurse | 517-264-5243 |
| Natalie Johnson, Director of Nursing | 517-264-5234 |
| 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

Lenawee County Health Department

To be completed by the reporting agency staff and faxed to the LCHD within 24 hours of the incident.

Date of Bite _____ Time _____ am or pm
Reporting Agency _____ Agency Phone _____

Person Bitten or Exposed

Name Phone

Street Address City State Zip Code County

Date of Birth Gender: F M U Email

Name of Parent/Guardian (if applicable) Phone

Animal Owner

Name Phone

Street Address City State Zip Code County

Where bite or exposure occurred Street Address (if different) City State Zip Code County

Email

Name of Veterinarian _____
Type of Animal: Dog Cat Other _____ Pet Stray Wild Not available for observation
Rabies Immunization HX: Unknown Unvaccinated Vaccination is current Vaccinated in past but is not current
Is the animal quarantined? Y N Where? _____
Describe circumstances of bite/exposure _____

Describe Injury _____
Wound cleansed & disinfectant applied? Y N Tetanus administered? Y N if NO, date of last tetanus vaccine: _____
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: _____ Rabies vaccine administered? Y N Site: _____
Instructed regarding vaccine series? Y N Education given: Signs & symptoms of 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 Updated 10/21/22