



Animal Bite Report to Public Health Officer
Rabies Investigation

Phone: 620-221-1430 | Fax: 620-221-0389

Please complete form in ink - please print clearly

CIRCLE ONE: ANIMAL BITE ANIMAL SCRATCH ANIMAL ATTACK OTHER EXPOSURE

DATE INCIDENT OCCURRED TIME AM. PM.

LOCATION INCIDENT OCCURRED

Table with 4 columns: Address (or best possible location), City, County, State. Row 1: COWLEY, KS

BITE DESCRIPTION: SIMPLE SEVERE PROVOKED UNPROVOKED

PART OF BODY BITTEN: WAS MEDICAL TREATMENT PROVIDED Y N

CIRCUMSTANCE OF BITE/ATTACK

VICTIM INFORMATION (if more than one complete separate form for each individual)

Table with 5 columns: Name, Home Address (Street, City, State, Zip), Age, Gender (M, F), Parent/Guardian, Phone #

ANIMAL OWNER INFORMATION

Table with 5 columns: Name, Home Address (Street, City, State, Zip), Age, Gender (M, F), Parent/Guardian, Phone #

DESCRIPTION OF ANIMAL

TYPE: DOG CAT SKUNK RACCOON BAT OTHER
BREED COLOR MALE FEMALE
NAME VACCINATION DATE: DVM#
ANIMAL TAG # CITY

CURRENT ANIMAL LOCATION

NAME OF PERSON MAKING REPORT DATE