TN Department of Health

Animal Bite Report

Date of Bite: ____/_____/_____ **Date Reported:** ____/_____/_____ **Reported by:** _____

VICTIM INFORMATION

Last Name: _____ **First:** _____ **Middle:** _____ **DOB:** ____/____/____

If child <18: Parent's Last Name: _____ **First:** _____

Reported Age: _____ ☐ Days ☐ Months ☐ Years **Sex:** ☐ Male ☐ Female ☐ Unknown

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

ANIMAL INFORMATION

Type of Animal: _____ **Check One:** ☐ Domestic ☐ Stray ☐ Wild ☐ Unknown

Description of Animal (Breed, Size, Color, Hair Length, etc.): _____

_____

Veterinarian: _____ **Phone:** _____ **Date of Last Rabies Shot:** ____/____/____

Owner's Name: _____

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

CIRCUMSTANCES OF INCIDENT

Was the victim attacked by surprise?
☐ Yes ☐ No ☐ Unknown

Was the victim attempting to touch, feed, or pick up animal?
☐ Yes ☐ No ☐ Unknown

Was the attack provoked?
☐ Yes ☐ No ☐ Unknown

Was another animal present?
☐ Yes ☐ No ☐ Unknown

Did the animal appear normal/healthy?
☐ Yes ☐ No ☐ Unknown

Notes:
_____
_____
_____
_____
_____

MEDICAL INFORMATION

Was the victim bitten? ☐ Yes ☐ No ☐ Unknown **Was the victim scratched?** ☐ Yes ☐ No ☐ Unknown

If yes: **Part of the body bitten/scratched:** _____

Was the skin broken? ☐ Yes ☐ No ☐ Unknown

Has the victim received a tetanus vaccine? ☐ Yes ☐ No ☐ Unknown

Has the victim received antibiotics? ☐ Yes ☐ No ☐ Unknown

Has the victim ever received rabies vaccine? ☐ Yes ☐ No ☐ Unknown

Is the victim immunocompromised or taking immunosuppressive medications? ☐ Yes ☐ No ☐ Unknown

Was rabies post-exposure prophylaxis initiated? ☐ Yes ☐ No ☐ Unknown

If yes: **Date initiated:** ____/____/____

Notes: _____

Was HRIG given? ☐ Yes ☐ No ☐ Unknown

If yes: **Date given:** ____/____/____

Notes: _____