

**ARKANSAS DEPARTMENT OF HEALTH
ANIMAL BITE INVESTIGATION FORM**

Case Investigator: _____ Date of Report: _____

SECTION A: Bite Victim Information

Name of Bite Victim: _____ Age: _____ Gender: M F

Parent or Guardian (if < 18 years old): _____

Address _____ City _____ Zip Code: _____

County: _____

Telephone: Home: _____ Cell: _____ Work: _____

Date Bite Occurred: _____ Location of Bite Wound: _____

Location/Address Where Bite Occurred: _____

Situation Resulting in Bite: Provoked Unprovoked Unable to tell

Circumstances Leading to Bite: _____

Health Care Professional Who Treated Bite Wound: _____

Clinic or Hospital Address: _____

Telephone: _____

Has the medical care provider made recommendations for rabies post-exposure prophylaxis?

Yes No

Animals Bitten by This Animal: _____

Owner of Animal Bitten: _____

Current Location of Animal Bitten: _____

SECTION B: Information on Biting Animal if Domesticated Animal

Type of Animal: _____ Approximate Age of Animal: _____

Gender: Male Female Neutered Not neutered Breed: _____

Color: _____ Hair length: Short Long Approx. Weight: _____

Owner of Animal: _____

Owner's Address: _____

Owner's Telephone: Home: _____ Cell: _____ Work: _____

Has animal received rabies vaccinations? Yes No

If yes, date of most recent vaccination: _____

Veterinarian: _____ Veterinarian's Telephone: _____

Current Status of Animal:

Dead Date died? _____ Where is animal? _____ How did animal die? _____

Head available for rabies testing? Yes No

Alive

Has animal been examined by a veterinarian since the bite occurred: Yes No

If yes, provide information on veterinarian:

Name: _____

Address: _____ Phone: _____

What is the health status according to veterinarian? (Check one)

Healthy

Some health problems, not compatible with rabies infection

Unhealthy, symptoms compatible with rabies infection

Animal currently quarantined (only applies to dogs, cats or ferrets)? Yes No

If yes, where? _____

Date Quarantine Started: _____ Date Released from Quarantine: _____

Final Disposition of Animal: _____

SECTION C: Information on Biting Animal if Wild

Type of Animal: _____

Current Status of Animal:

Dead Date died? _____ Where is animal? _____

How did animal die? _____

Head available for rabies testing? Yes No
 Alive

SECTION D: Results

Rabies Test: Negative Positive Unsatisfactory

Notification: Owner _____ By: _____

Person Bitten: _____ By: _____

Additional Notes: