

Animal Bite Report Form

CART Name _____

DATE _____

Victim				
Victim Type – Person / Pet				
Victim's Name				
Address				
City, State				
Daytime Phone Number		Cell Phone Number		
Rabies Vaccination	Current/Date	Unvaccinated	Unknown	
Tetanus Vaccination	Current/Date	Unvaccinated	Unknown	
If victim is a minor:	Parent Name	Phone		
Bite Animal				
Animal's name (&/or Unique Shelter ID)				
Description (including estimated weight)				
Rabies tag number & year				
Quarantine Yes No	Date Started		Date Ended	
Owner's Name/Phone Number				
Medical Treatment Provided				
Date and time of bite				
Where and how did the bite occur? *Use back of form if additional space is needed.				
Description of the bite: Location, number and severity of punctures, scratches, lacerations, broken bones, etc.				
Location where victim was treated.				
What treatment was given?				
Verification				
Victim	Printed Name	Signature		Date
Person completing form and position	Printed Name	Signature		Date
CART Liaison	Printed Name	Signature		Date
Local Animal Control Officer	Printed Name	Signature		Date
Law Enforcement Officer	Name	Badge Number	Case #	
Notifications				
List the name and phone number for agency / individual notified				
Local County Health Department	Person	Date	Time	Initials
Pet Owner	Person	Date	Time	Initials
Other(specify)	Person	Date	Time	Initials

This form is to be completed by the Shelter Manager, Team Leader, or Safety Officer upon being notified that anyone has been bitten by an animal during activation. Please return completed form to the CART Liaison as soon as feasible, but no later than the end of the operational period.

Local Jurisdiction _____ Shelter Location _____