



WICOMICO COUNTY HEALTH DEPARTMENT BITE REPORT FORM

Environmental Health

www.wicomicohealth.org

Phone: (410) 546-4446 M-F, 8AM-5PM/ (667) 330-1389 after hours. Fax: 410-543-2021

Today's date: ____/____/____ Exposure date: ____/____/____ Reported by: _____

Incident location: _____

Activity when exposed: _____

Exposed victim: ☐ Human ☐ Animal

Exposure type: ☐ Bite ☐ Non-Bite

Victim Information: ☐ Human ☐ Animal

Name: _____

Date of birth: _____ Sex: ☐ M ☐ F Parent/Guardian (if minor): _____

Physical address: _____ City: _____

Mailing address (if different): _____ County: _____

Phone (H): _____ (W): _____ (C): _____

Date treated: _____ Treated at: _____ Body part exposed: _____

If Victim is an Animal, please complete this section in addition to section above:

Species: _____ Breed: _____ Color: _____ Age: _____ Weight: _____ Name: _____

Rabies vaccination given: ____/____/____ Rabies vaccination expires: ____/____/____ Rabies tag #: _____

Vet: _____ Vet's phone: _____ Owner's name: _____

Present location of animal: _____

Confinement location: _____

Biting Animal Information:

☐ Wound of Unknown Origin

Species: _____ Breed: _____ Name: _____

Color: _____ Age: _____ Weight: _____ Sex: ☐ M ☐ F

Rabies vaccination given: ____/____/____ Rabies vaccination expires: ____/____/____ Rabies tag #: _____

Vet: _____ Vet's phone: _____ Owner's name: _____

Owner's Physical address: _____ City: _____

Mailing address (if different): _____ County: _____

Phone (H): _____ (W): _____ (C): _____

Present/Confinement location of animal: _____

Notes: _____

THIS SECTION TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY

Agency incident #: _____ HD received date: ____/____/____ Reported by: _____

Animal: ☐ Escaped ☐ Tested ☐ Quarantined Q type: ☐ 10 ☐ 45 ☐ 120 ☐ 180

Date tested: ____/____/____ Results: ☐ Neg ☐ Pos Accession #: _____

Q end: ____/____/____ Q ✓: ____/____/____ Q ✓ by: _____ Via: ☐ Phone ☐ Visit

Prophylaxis recommended: ☐ Yes ☐ No Prophylaxis started: ____/____/____ Case closed: ____/____/____