Animal Bite/Incident Report Form
Steuben County Public Health & Nursing Service
(607) 664-2438 Fax (607) 664-2166

1. TOWNSHIP/VILLAGE where incident occurred:_____ County:_____

2. WAS A PERSON BITTEN? If yes, complete this section. If no, go to 3.

Form completed by:	**Date:**	**Time:**
Name:	**DOB:**	**Parent's name, if child:**
Address:		**Phone: ( ) -**
Site of bite/scratch:	**Skin Broken? Yes No**	**Bitten through clothing? Yes No**
Wound Treatment:	**Date of treatment:**	**Anti-rabies prophylaxis given? Yes No**
Health Care Provider:	**Phone: ( ) -**	**Public Health Notified: Date: Time:**

3. WAS A DOMESTIC ANIMAL BITTEN? If yes, complete this section.

Date:	**Time:**	**Animal's name:**		
Type of animal:	**Color:**	**Breed:**	**Sex:**	**Age:**
Rabies Vaccination: Yes No	**Date: 1 yr. 3 yr.**	**Where given:**	**Confirmed by:**	
If vaccinated, will booster be given within 5 days: Yes No		**Where confined:**		
If not vaccinated, will animal be euthanized: Yes No				
Or will animal be quarantined for 6 months: Yes No				
Owner's name:		**Phone: ( ) -**		
Owner's address:				

4. DESCRIBE BITING ANIMAL: If none, complete 5. Animal's name:

Type of biting animal:	**Color:**	**Breed:**	**Sex:**	**Age:**
Rabies vaccination: Yes No	**Date: 1 yr. 3 yr.**	**Where given:**	**Confirmed by:**	
Where confined, if owned domestic animal:		**Submitted for Rabies Testing Yes ☐ Date: No ☐**		
Owner's name:		**Phone: ( ) -**		
Owner's address:				

5. DESCRIBE CIRCUMSTANCES OF THE INCIDENT:

Place of occurrence:	**Date and Time of occurrence:**
Circumstances:	

6. DISPOSITION: FAX WHITE COPY that day to Steuben County Public Health & Nursing Service at (607) 664-2166
MAIL WHITE COPY to: Steuben County Public Health & Nursing Service, 3 East Pulteney Square, Bath, NY 14810
KEEP YELLOW COPY for your records.

7. TO BE COMPLETED BY PUBLIC HEALTH NURSE OR DESIGNEE (PUT COMMENTS ON BACK)

Confinement/signs & symptoms of rabies discussed with owner: Date ___/___/__ or N/A ___		
If animal confined in a facility: Name of facility _____Date confirmed__/__/__		
Letters sent to: Owner __/__/__ or N/A__	**Bitee __/__/__ or N/A__**	**Dog control officer __/__/__ or N/A __**
Owner contacted at end of confinement regarding animal's health: Date ___/___/__ or N/A ___		
Signature of Public Health Nurse:		

Immunization required prior to release: Yes or No

Date of Rabies Immunization/Booster: __/__/__ Where given:_____

Date verified by phone with veterinarian __/__/__

Signature of Public Health Nurse:_____