

Date Received \_\_\_\_\_

# ANIMAL BITE REPORT FORM

07/2019

Report # \_\_\_\_\_

For Report of Dog, Cat or Ferret bites

**WHATCOM COUNTY: Animal Control, Phone (360) 733-2080 x 1  
Fax (360) 733-4746**

**CITY OF LYNDEN: Lynden Police, Phone (360) 354-2828  
Fax (360) 354-7609**

**\*\*Note: Do not use for contact with bats. If rabies is suspected, refer to DOH Rabies Algorithm for Health Care Providers, at <http://www.doh.wa.gov/Portals/1/Documents/5100/RabiesPEPGuidance.pdf> and contact the Health Department immediately \*\***

## VICTIM

Name \_\_\_\_\_ Female  Male  Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian (if victim is under 18) \_\_\_\_\_ Work Phone \_\_\_\_\_

Address if different from above \_\_\_\_\_

## EXPOSURE

Date of Exposure \_\_\_\_\_ Time \_\_\_\_\_ AM  PM  Address/Location of incident \_\_\_\_\_

Type of Exposure: Wound  Non Wound  Description \_\_\_\_\_

Site cleaned with soap and water: Yes  No  Injury requiring stitches: Yes  No  Injury to face or head: Yes  No

Treated by: Physician \_\_\_\_\_ Facility \_\_\_\_\_ Date \_\_\_\_\_

How did exposure occur? \_\_\_\_\_

## ANIMAL (If a bat or other wild animal is involved, call the Health Department immediately!)

Domestic Dog  Domestic Cat  Other  \_\_\_\_\_

Breed/Physical Description \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Female  Male  Micro Chip: Yes  No  Tattoo: Yes  No

Color/Markings \_\_\_\_\_

Rabies Vaccine Current: Yes  No  Date Given (DD/MM/YY) \_\_\_\_\_ Veterinarian \_\_\_\_\_

Has animal been out of state? Yes  No  If yes, where? \_\_\_\_\_

Current location of Animal \_\_\_\_\_

## OWNER (For dog, cat or ferret exposures only.)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Was owner of animal informed of 10-day quarantine requirement? Yes  No

Did owner agree to quarantine? Yes  No

## REPORTING AGENCY

Person Reporting \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_  Report faxed to Whatcom Humane Society for animal bite follow-up.

**IF, DURING THE TEN DAYS OF CONFINEMENT, THE ANIMAL SHOWS CHANGES OF BEHAVIOR, EXCESS SALIVATION, PARALYSIS, EXCITATION, OR IF THE ANIMAL DIES, CALL THE HEALTH DEPARTMENT IMMEDIATELY (360) 778-6100 or (360) 715-2588 Evenings & Weekends.**

**Please fax the completed form to Animal Control at (360) 733-4746  
OR if animal is within Lynden city limits, Lynden Police at (360) 354-7609**