



Madison County Public Health Department

**Animal Bite Report Form
Fax to 406-842-7398**

PO Box 278
Virigina City, MT 59755
Ph: 406-204-0712
Fax: 406-842-7398
Mcp hd@madisoncountymt.gov

BACKGROUND INFORMATION

Brief history of incident (description and location of the bite) Bite Scratch Provoked Unprovoked

_____ Address: _____ City:

_____ Zip: _____

Within city limits? Yes No

Time reported to LE: _____ Officer Name: _____ Time reported to MCPHD:

CASE IDENTIFICATION (PERSON BITTEN)

Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of bite: _____ Time: _____ am/pm

ANIMAL DETAILS (If you were bitten by a bat, please call Health Dept ASAP 406-204-0712)

Victim's Household Pet Acquaintance's Pet Stranger's Pet Stray Wild Unknown
Animal Breed: _____ Color: _____ Sex M F Animal Name: _____

Date of last Rabies vaccination: _____ Rabies vaccine UTD? Yes No

Animal Quarantined? Yes No Location of quarantine: _____

Quarantine dates: _____ to _____ Animal Healthy? Yes No

Date Abated: _____ Signature (Animal Control or GCCHD Staff) _____

Owner name: First _____ Last _____ Phone: _____

Address: _____ City: _____ Zip: _____

MEDICAL TREATMENT PROVIDED FOR VICTIM

Provider contacted? Yes No If yes, which physician/practice? _____

Treatment: Disinfectant used? Yes No

Td/Tdap Status? Yes No

Education on risk for infection? Yes No

Antibiotic prescribed: _____

Immunoglobulin (if indicated) clinic or hospital: _____

Rabies Vaccine Indicated: Yes No

Nurse signature _____

Deputy signature _____



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Vaccine to be given on days 0, 3, 7, and 14.

#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ #4 ___/___/___

HEALTH DEPARTMENT STAFF TO COMPLETE BELOW

POST-EXPOSURE RABIES PROPHYLAXIS Recommended by H.D.? Yes No

Given to victim? Yes No Unknown Date initiated: _____

Reason PEP Recommended:

Completed by: _____ Date: _____ Phone: _____

Laboratory (1-406-994-4885): Date Specimen sent: _____ Results: Positive Negative

Comments:

Nurse signature _____

Deputy signature _____