



Public Health
Prevent. Promote. Protect.
Zanesville-Muskingum County

ANIMAL BITE INVESTIGATION FORM

Incident Report Date: _____ Time: _____
 Incident Reported By: _____
 Contact Information: _____
 Alternate/Emergency Contact: _____

Victim Information

Victim's Name: _____ DOB: _____ Sex: F M
 Address: _____
 Telephone number: _____ Alternate/Emergency Contact: _____
 Parent/Guardian (if minor): _____

Exposure/Incident Information

Date of Exposure: _____
Type of exposure: Bite Scratch _____
Body Site of Exposure: _____
 Medical Attention Sought: Yes No
 Post-exposure Prophylaxis Initiated: Yes No If Yes, Where: _____
 Treatment: _____

Animal Information

Animal Species: _____ Animal Breed: _____
 Animal Name: _____ Animal Color: _____
 At the time of exposure, animal was: At home/With Owner Stray Wild
At the time of exposure, was the animal provoked: Yes No
 Owner Name: _____ Telephone: _____
 Address: _____
 Veterinarian: _____
 Prior History of Biting: Yes No Unknown
 Animal Current on Rabies Vaccinations at Time of Exposure: Yes No Unknown
 Proof of Vaccination Date/Expiry Date: _____
 Is the Animal Quarantined: Yes No If Yes, Where: _____

ZMCHD Administrative Use Only

Date Euthanized (if applicable): _____
Date Specimen Received by ZMCHD: _____ (Day of the Week)
 Date Specimen Sent to ODH Lab: _____
 Specimen Test Result: Negative Positive Unsatisfactory
 Rabies Prophylaxis Started: Yes No If Yes, Where: _____
 Nursing Department Notified: Yes No
 Nursing Staff Notified (Name, Date and Time): _____
 Sanitarian Remarks: _____
 (Signature)

Return completed form within 24hrs to Zanesville Muskingum County Health Department

Filling Out This Form

Incident Report Date and time	Indicate date and time that the exposure/incident was reported to ZMCHD												
Incident Reported By	Indicate person who contacted ZMCHD to report exposure/incident												
Contact Information	Indicate phone no. of person reporting the incident and agency affiliation (if applicable)												
Alternate/Emergency Contact	Indicate alternate contact information for the person reporting incident												
Victim Name	List name of the person exposed to animal												
Victim's Date of Birth	List date of birth of the person potentially exposed to rabies												
Address	Indicate victim's primary residence												
Telephone number	List contact information for victim (use e-mail if needed)												
Parent/Guardian (if minor)	List the name of the parent or guardian of a minor												
Date of Exposure	Indicate the day that the victim was exposed to animal												
Type of exposure	Indicate if victim was bitten, scratched, or other exposure (animals saliva etc.)												
Body Site of Exposure	Indicate the part of the body that was exposed to the animal												
Medical Attention Sought	Indicate if medical attention was sought (ER, Urgent care, primary care etc.)												
Post-exposure Prophylaxis Initiated	Indicate if victim received rabies prophylaxis (HRIG and vaccine)												
Where	Name the facility where the rabies prophylaxis was given												
Treatment:	Indicate the type of treatment the victim received (sutures, tetanus vaccine etc.)												
Animal Species and Breed:	Indicate they type of offending animal that bit the victim (cat, bat, god etc.)												
Animal Name and Color:	Indicate the name of the animal and its color												
At home/Stray/Wild	Indicate the setting the animal was found in												
Animal Provoked	Indicate whether the animal provoked. This may be an attempt to feed, pet, pick up or play with animal, enter its territory (walking, running or riding a bike past the animal, contact with an injured animal or breaking up a fight.												
Owner/Contact Information	Indicate the name of the animal's owner and a phone number or email address												
Veterinarian	Indicate the name of the animal's veterinarian												
Prior History of Biting	Indicate whether the animal has bitten anyone in the past (Check Healthspace if needed)												
Animal Current on Rabies Vaccine	Indicate the animal's rabies vaccine status at time of the exposure												
Proof of Vaccination/Expiry Date	Indicate the date of the animal's most recent rabies vaccine and it's expiry date												
Animal Quarantined	Indicate whether the animal was quarantined and where that took place												
Date Euthanized (if applicable)	Indicate the date on which the animal was euthanized												
Date Specimen Received by ZMCHD	Indicate the date on which the animal specimen arrived at ZMCHD (include day of the week)												
Date Specimen Sent to ODH Lab	Indicate the date on which the animal specimen left ZMCHD for ODH labs												
Specimen (DFA) Test Result	Indicate results from lab testing of the animal specimen												
Rabies Prophylaxis Started	Indicate the date prophylaxis was initiated												
Nursing Department Notified	Indicate whether nursing department has been notified												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">NOTIFY NURSING ONLY IF THE ANSWER TO.....</th> <th style="width: 40%;">IS.....</th> </tr> </thead> <tbody> <tr> <td>Body Site of Exposure</td> <td>Head or Neck</td> </tr> <tr> <td>Animal Provoked</td> <td>No</td> </tr> <tr> <td>Animal Provoked</td> <td>No</td> </tr> <tr> <td>At home/Stray/Wild</td> <td>Stray/Wild</td> </tr> <tr> <td>Day Specimen Received by ZMCHD</td> <td>Thursday or Friday</td> </tr> </tbody> </table>		NOTIFY NURSING ONLY IF THE ANSWER TO.....	IS.....	Body Site of Exposure	Head or Neck	Animal Provoked	No	Animal Provoked	No	At home/Stray/Wild	Stray/Wild	Day Specimen Received by ZMCHD	Thursday or Friday
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Nursing Staff Notified	Indicate name of nursing staff and date/time of notification												
Sanitarian Remarks:	(As Needed)												

