



Fergus County Health Department  
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# Animal Bite Form

## I. Victim Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

If child, parent's name: \_\_\_\_\_ email : \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone(s): \_\_\_\_\_

II. **Bite Information:** Date of Bite: \_\_\_\_\_ Time of Bite: \_\_\_\_\_

Check here if this bite was from your own cat / dog / ferret and occurred at your home.

**OR** Address where bite occurred: \_\_\_\_\_

Circumstances of bite/scratch: \_\_\_\_\_

Description/location of wound(s): \_\_\_\_\_

Severity (circle one): 1. Minor, scratch 2. Minor, punctures, 4 or less 3. Moderate, punctures 4+ 4. Severe, tearing, needing sutures

Treatment of wound(s): \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

III. **Animal and Owner Information:** City Tag Number: \_\_\_\_\_

Species: Dog / Cat / Other: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M / F / UNK Age: \_\_\_\_\_ / UNK Feral / Pet / UNK Provoked: Y / N / UNK

Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Rabies Vaccination? Y / N Tag #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date Administered: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Location of animal: \_\_\_\_\_

**Information for Victim:** In accordance with the Administrative Rules of Montana (ARM) 37.114.571 and 32.3.1201, all animal bites must be reported to the local Health Officer immediately so an investigation can commence. The local Health Officer investigates animal bites in an effort to prevent rabies (a communicable disease) from being transmitted to people. You will be contacted by Fergus County Health Department in order for more information regarding the bite to be collected. If you were bitten by a dog or cat, an attempt will be made to locate that animal to verify rabies vaccination status. The animal will have to be observed for 10 days after the bite. On day 10 that animal will be released from observation if there are no signs or symptoms of illness. You will be updated during the investigation and after the 10 day post-bite health check. If you have questions, please contact Fergus County Health Department.

IV: Follow-up information: (LHJ and LEO use only)

Date LHJ rec'd	ACO/Law Enf.	CR/SO#	Date Victim first contacted	Day 10	Date EH Closed	Reason	Date Case Closed

**THE DAY OF THE BITE IS DAY ZERO**

The costs of confining an animal, vaccinations, and the 10 day post-bite Health Check are the responsibility of the animal owner.

**10 Day Observation Agreement per Administrative Rules of Montana 37.114.571**

I (Owner's Name): \_\_\_\_\_ agree to confine my

Dog(s)/Cat(s)/Ferret: \_\_\_\_\_ Name: \_\_\_\_\_

from \_\_\_\_/\_\_\_\_/20\_\_\_\_ until \_\_\_\_/\_\_\_\_/20\_\_\_\_.

**The observation will take place at: (select one)**

Veterinary Clinic (Vet Clinic Name: \_\_\_\_\_ Date taken in: \_\_\_\_\_)

**OR**

my home in a manner to prevent more possible exposures to any other person or animal and I further agree to immediately notify Fergus County Health Department and a licensed Veterinarian if this animal becomes ill, is injured, has a change in behavior, or dies during confinement.

**On post-bite Day 10, the above referenced animal must be released from observation by public health after a veterinarian has assessed the animal. If the animal shows signs or symptoms of illness, a licensed veterinarian must assess the animal as soon as possible. If you choose to have the animal euthanized prior to post-bite day 10, the animal must be tested for rabies.**

**The Veterinarian/Official performing the 10 day post-bite Health Check will be:** \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Veterinarian Assessment (if necessary):** Please complete (check all that apply) and fax to (406)535-7434. Thank you!

I examined the above referenced animal on \_\_\_\_/\_\_\_\_/20\_\_\_\_ and declare it to be free of clinical signs of rabies.

**OR**

The animal had signs or symptoms consistent with animal rabies, and was euthanized for testing.

The above referenced animal also received a rabies vaccination on \_\_\_\_/\_\_\_\_/20\_\_\_\_, prior to release from observation but not during the 10 day observation.

**OR**

The above referenced animal was current on rabies vaccination.

Vet Signature: \_\_\_\_\_ Date: \_\_\_\_\_