



# VETERINARY PUBLIC HEALTH PROGRAM

## Animal Bite Reporting Form

### Medical Facilities



**Instructions:** Use this form to report animal bites to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. For more information about rabies in Los Angeles County, visit our website: <http://publichealth.lacounty.gov/vet/>.

Date form completed: \_\_\_\_\_ Please submit completed form to [vet@ph.lacounty.gov](mailto:veter@ph.lacounty.gov) OR fax to (213) 481-2375.

1. REPORT INFORMATION			
Report date:	Reporter name (victim, owner, etc.):	Reporter phone #:	Reporter email:
2. FACILITY TAKING REPORT			
Facility submitting report:	Submitter's name:		Facility phone #:
3. PERSON BITTEN			
Bite victim first name:	Bite victim last name:	Date of birth:	
Street address (building #, street name, apt/unit#):		City:	State: Zip code:
Bite victim phone #:	Bite victim email address:		
4. DESCRIPTION OF INCIDENT			
Date bitten:	Time bitten (AM/PM):	Country where incident occurred (if not US):	
Street address where incident occurred:		City:	State: Zip code:
How bite occurred (explain):			
5. HUMAN INJURY INFORMATION			
Location of bite(s) (e.g. face, leg, hand, torso):	Side of body affected:	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both <input type="checkbox"/> Unk	Date treated:
Type of treatment: <input type="checkbox"/> Antibiotics <input type="checkbox"/> Wound care <input type="checkbox"/> Tetanus vaccine <input type="checkbox"/> Pain management <input type="checkbox"/> Sutures <input type="checkbox"/> Surgery <input type="checkbox"/> Rabies PEP <input type="checkbox"/> Other: _____			
Treating facility/provider name:	Provider phone number:	Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital name:
6. ANIMAL OWNER			
Animal owner first name:	Animal owner last name:		
Street address (building #, street name, apt/unit#):		City:	State: Zip code:
Animal owner phone #:	Animal owner email address:		
7. BITING ANIMAL INFORMATION			
Biting animal species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	Breed:	Age:	Animal sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk
Animal name:	Animal color:	Animal vaccinated for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Date last vaccinated for rabies:
8. ADDITIONAL INFORMATION/COMMENTS:			
<i>Victim should contact their local animal control if the dog involved has bitten multiple times or if the animal is a stray. Call 211 to find your local animal control agency.</i>			