Gallatin City County Health Department
Animal Bite Report Form
*Please complete top portion of form and fax to 582-3112*

Form must be completed by ☐ Health Care Provider ☐ Law Enforcement ☐ Shelter Staff
☐ Veterinarian ☐ Animal Control

Form Completed by _____________________________ Date ___________________

WHERE DID THE BITE TAKE PLACE? Address: __________________________________
City:__________________________ Zip:_________ Within City Limits? Y / N

Victim’s Name:__________________ DOB:_________ OL#_________
Address:__________________ City:_________ Zip:_______ Phone:__________________
Date of Bite:__________________ Skin Broken? Y / N
Bite Location on Body:______________________________________
Dr. Contacted? Y / N If yes, which physician/practice? __________________________
Description of Biting Animal: ____________________________________________
Description of Event: ___________________________________________________
_______________________________________________________________

Animal Control Use Only

Owner of Animal:__________________ DOB ___________ OL#_____________
Address:__________________ Phone:__________________
Animal’s Name:__________________ Vet’s Name/Phone:__________________
Date of Last Rabies Vax:__________________ Animal Rabies Vax UTD? Y / N
Animal Quarantined? Y / N Where? _______________________________________
Animal Healthy Y / N Date Abated _______________________________________
Animal Control Officer Signature: ___________________________ Date: ____________
Comments: __________________________________________________________

(County: 582-2116 / fax 582-2484/2054) (Belgrade: 388-4262 / fax 388-4708) (Bozeman: 582-2249/ fax 582-2355)

Health Department Use Only

TD UTD Y / N ____________________________________________
Encouraged to speak with PMD rabies prophylaxis Y / N Date:__________________
Comments: _______________________________________________________
Faxed to animal control? Y / N Date: ________________
Public Health Nurse Signature: ___________________________ Date: ________________
(582-3100/ fax 582-3112)