



Gallatin City-County Health Department

Animal Bite Report Form

Please complete form and fax to 406-582-3112

BACKGROUND INFORMATION

Form completed by: _____

Where did bite take place? (address) _____ Within City Limits? Yes No

CASE IDENTIFICATION PERSON BITTEN

Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Bite: _____ Time: _____

Describe location and nature of injuries: _____

Describe circumstances: _____

MEDICAL TREATMENT PROVIDED FOR VICTIM

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

Treatment: Disinfectant Applied Tetanus Immunization Status Checked Victim Cautioned About Risk of Infection

Antibiotic Prescribed: _____ Other: _____

ANIMAL DETAILS *If you were bitten by a bat, please call Health Department ASAP: 406-582-3100*

Victim's Household Pet Acquaintance's Pet Stranger's Pet Stray Wild Unknown

Description of Animal: _____

Animal Name: _____ Owner Name: _____ Phone: _____

Address: _____ Vet 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) _____

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: _____

Additional Comments: _____