ANIMAL BITE REPORT FORM

Kentucky Department for Public Health
275 East Main Str. HS2GWC
Frankfort, KY 40621

EPID 270 – 8/2019

Kentucky Public Health
Prevent. Promote. Protect.

Patient Information		
Name:		Date of Birth: / /
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Emergency Contact:

Incident/Exposure Information		
Date of incident: / /	Time: am/pm	
Address Where Bite Occurred:		
Animal: □ Wild □ Domestic	□ Dog □ Bat □ Raccoon □Unknown □ Cat □ Skunk □ Other, specify:_____	
Animal Breed:	Animal Sex & Mark if Sterilized: □ Male □ Female □ Sterilized	Animal Color:
Location of Bite (Head/facial or body):		

Animal Information			
Owner Name:		Date of Birth: / /	Driver License #:
Address:			
City:	State:	ZIP Code:	Phone:
Animal Name:			

Medical/Treatment Information		
Seen by Medical Provider? □ Yes, Date of Visit ___/___/___ □ No □ Unknown	Name of Provider:	
Facility:		Phone:
Did the patient receive treatment: □ No □ Yes (Please indicate type of treatment(s) below)		
Rabies Immunoglobulin (RIG): □ No □ Yes, _____ IU (20 IU/kg)		Rabies Vaccine: □ No □ Yes
TD given: □ No □ Yes Date of last Tetanus:_____	Antibiotics:	

Reporting Provider Information			
Name:	Phone Number:	Worksite Location:	Date:

Kentucky Revised Statute (KRS) 258.065 requires reporting of animal bites by a provider within 12 hours/or next business day, of initial assessment.

FAX to your local Health Department