



Date of bite:
\_\_\_\_/\_\_\_\_/\_\_\_\_

Date reported to Animal Control:
\_\_\_\_/\_\_\_\_/\_\_\_\_

Fax completed form to
Animal Control at
406.657.8227

For questions about reporting
please contact Casey Saul at
RiverStone Health Public Health
business hours at 406.247.2129.

Animal Bite Report Form

County: Yellowstone

REPORT SOURCE

Clinic or Hospital Name

Provider Name

Provider Phone

PATIENT INFORMATION

Name (last, first)
Address
City/State/Zip
Phone(s)/Email
Alt. contact
Name: Phone:

Birth date
Age
Gender
Ethnicity
Race (check all that apply)

CLINICAL INFORMATION

Hospitalization

Hospitalized for this illness
Hospital name
Admit date

Vaccination history

Patient ever received rabies containing vaccine
Number of doses prior to exposure:
If yes, where?
Tetanus vaccine in the last 5 years
Date of last tetanus dose:
Tetanus vaccine given at this visit
If yes, vaccine type:

Y N DK NA

Human RIG given

Date:

RIG refused

Rabies vaccine given

Date of initial vaccination:

Vaccine name:

Vaccination refused

OTHER NOTES/BRIEF DESCRIPTION