



ISLAND COUNTY PUBLIC HEALTH

Environmental Health

PO Box 5000
Coupeville, WA 98239
P: 360.679.7350 F: 360.679.7390

ANIMAL BITE REPORT

For Report of Bat, Dog, Cat, or Ferret bites

REPORTING AGENCY

Reporting agency _____ Phone _____

Person reporting _____ Date _____

Was the animal owner informed of the required 10-day quarantine? Yes No

If yes, did the animal owner agree to quarantine the animal? Yes No

DETAILS OF BITE / INCIDENT

Date of incident _____ Time _____

Location of incident _____

Details of incident _____

Was the incident provoked? _____

ANIMAL OWNER

Owner's Name _____ Phone _____

Address _____ City _____

VICTIM

Victim's Name _____ Age _____ DOB _____

Parent (if under 18) _____ Phone _____

Address _____ City/Zip _____

NAS Whidbey as Primary Health Care provider Yes No

INJURY

Wound description _____

Treatment details _____

ANIMAL INFORMATION

Domestic Dog Domestic Cat Bat Stray/wild animal / unable to locate Other _____

Animal's Name _____ Age _____

Breed _____ Description _____

Current Rabies Vaccination? Yes No

Certificate (attached)

Veterinarian Clinic _____ Phone _____

Vaccine administered on (date) _____ Expiration _____

Has animal been out of Washington State or out of Country? Yes No

If yes, where? _____

Staff Name _____ Date _____



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Island County Public Health is responsible for checking the quarantine results and lab results.

QUARANTINE DETAILS / STATE DOH LAB RESULTS

Quarantine

Quarantine End Date _____

Staff Name _____ Date _____

Animal Healthy Animal Sick Animal Died Other: _____

DOH Lab Results

Specimen shipped to lab on (date) _____

Staff Name _____

Contact ICPH nurse for Communicable Disease, at (360) 221-8482.

Lab results received on (date) _____

Remark(s) _____

Island County Staff to contact **all** involved parties with quarantine and/or lab results.

ANIMAL OWNER CONTACTED Yes No

Staff Name _____ Date _____

BITE VICTIM CONTACTED Yes No

Staff Name _____ Date _____

NAS WHIDBEY CONTACTED* Yes No

Staff Name _____ Date _____

*NAS Whidbey shall be contacted when bite victim receives primary health care at the Naval Hospital. Dog bite report shall be faxed at 360-257-5636.

NOTES: