



Saratoga County Public Health Services  
 31 Woodlawn Ave, Suite 1, Saratoga Springs, NY 12866-2198  
 Phone: (518) 584-7460 Fax: (518) 583-1202

### ANIMAL BITE/INCIDENT REPORT

Date of Bite/Incident: \_\_\_\_\_  
 Name of Individual Bitten/Scratched: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Parent /Guardian Name (if under 18): \_\_\_\_\_  
 Phone: [Home] \_\_\_\_\_ [Cell] \_\_\_\_\_ [Work] \_\_\_\_\_  
 Type of animal involved: \_\_\_\_\_  
 Location of Wound: \_\_\_\_\_ Sutures: \_\_\_\_\_  
 Did Victim get medical attention? No  Yes  If Yes, *where* \_\_\_\_\_  
 Treatment: TD \_\_\_\_\_ Antibiotic \_\_\_\_\_

#### ANIMAL OWNER INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: [Home] \_\_\_\_\_ [Cell] \_\_\_\_\_ [Work] \_\_\_\_\_  
 Signature of Person Completing Report \_\_\_\_\_ Date \_\_\_\_\_

#### RABIES VACCINATION INFORMATION

Vaccinated: No  Yes  If Yes, *Last Dose* \_\_\_\_\_  
 Animal's Name (if relevant): \_\_\_\_\_ Age: \_\_\_\_\_ Description: \_\_\_\_\_  
 Veterinarian's Name, if known: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Animal Control Notified: No  Yes  If Yes, *date* \_\_\_\_\_

**\*\*\*This section to be completed by Saratoga County Public Health\*\*\***

#### CONFINEMENT STATUS

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_  
 Animal Status after Confinement:  
 Alive without symptoms of rabies  
 Deceased\*  
 Unknown or other\*

Date verified: \_\_\_\_\_

*\*If animal is deceased, unknown or other, was a letter sent? Yes  No  See Narrative*

Signature of Public Health RN \_\_\_\_\_ Date \_\_\_\_\_