



**SARATOGA COUNTY
DEPARTMENT OF HEALTH**

6012 County Farm Road
Ballston Spa, NY 12020

DANIEL KUHLES, M.D., M.P.H.
Commissioner

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ANIMAL BITE/INCIDENT REPORT

SECTION I

Report Date: _____ Report Source (*hospital, MD, ACO, Vet office, etc*): _____

Report Source Phone: _____

SECTION II: VICTIM INFORMATION

Date of Bite: _____ Name of Victim: _____ DOB: ____/____/____

Address: _____ City/State/Zip: _____

Phone with Area Code: [Cell] _____ [Work] _____ [Home] _____

County of residence: _____ Parent /Guardian Name (if under 18): _____

Email: _____

Type of animal involved: _____

Location of wound: _____

Did Victim get medical attention? No Yes If Yes, *where* _____ Date: _____

Treatment: TD No Yes Date: _____

Antibiotic No Yes Name/Dosage _____

Sutures No Yes

SECTION III: ANIMAL OWNER INFORMATION

Name of owner: _____ County of residence: _____

Phone with Area Code: [Cell] _____ [Work] _____ [Home] _____

Address: _____ City/State/Zip: _____

Email: _____

Person Completing Section I, II, III: _____ Date _____

SECTION IV: RABIES VACCINATION / ANIMAL CONTROL INFORMATION

Animal's Name (if relevant): _____ Age: _____ Description: _____

Veterinarian's Name, if known: _____ Phone: _____

Is owner known to the bite victim? Yes No Date of vaccination (if known): _____

