

ANIMAL BITE REPORTING FORM



OREGON STATE LAW REQUIRES
THAT ANIMAL BITES BE REPORTED
WITHIN **ONE (1) WORKING DAY**



- Report animal bites occurring in **Benton County** to Benton County Health Department (BCHD)
- Fax **(541) 766-6248** **completed** form to BCHD within **one (1) working day** of evaluation.
- Please inform victim that the Health Department will contact them.

VICTIM INFORMATION

Victim's Name: _____ DOB: ____/____/____ Age: _____

If minor, name of guardian: _____

Address: _____ Phone: _____
Street city zip Indicate Home (H), Work (W), or Cell (C)

INCIDENT INFORMATION

Date of Incident: : ____/____/____ Time: _____ am/pm

Address or location of Incident: _____

How did incident occur: _____

Severity of bite: ____ skin broken ____ skin unbroken . Location of bite: _____

MEDICAL/ TREATMENT

Treatment administered by: _____ at _____

Treatment: _____

Wound cleaned with soap & water? (yes) (no) Antibiotic prophylaxis? (yes) (no)

Victim cautioned about risk of infection? (yes) (no) Tetanus immunization current? (yes) (no)

ANIMAL INFORMATION

Animal Owner: _____ Phone #: _____

Address: _____

Type of animal: (Dog) (Cat) Other: _____ Age: _____ Sex: (M) (F)

Breed/Animal Description: _____

Relationship of pet to victim: (victim's) (acquaintance's) (stranger's) (stray) (wild) (unknown)

Current Rabies vaccination? (yes) (no) If yes, expiration date: ____/____/____

Has animal traveled outside of U.S.? (yes) (no) If yes, when/where: _____

Date reported: ____/____/____. Current location of animal: _____

Name of reporting person/ agency: _____ Phone #: _____

BENTON COUNTY ENVIRONMENTAL HEALTH DIVISION
PO BOX 579, Corvallis, OR 97339-0579
PHONE (541) 766-6841 FAX (541)766-6248

Copy: _____ CD Nurse
_____ Animal Control