

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 the 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: _____
Street City Zip

Type of animal: (dog, cat, other) _____ Age: _____ Sex: M F

Name/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 3020, Corvallis, OR 97339-3020
Phone 541-766-6841 Fax 541-766-6248

Copy: CD Nurse
 Animal Control