ANIMAL BITE REPORT FORM

Kentucky Department for Public Health
275 East Main Str. HS2GWC
Frankfort, KY 40621
EPID 270 – 8/2019

Kentucky Public Health
Prevent. Promote. Protect.

Patient Information		
Name:		Date of Birth:
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Emergency Contact:

Incident/Exposure Information		
Date of incident:	Time: ☐ am / ☐ pm	
Address Where Bite Occurred:		
Animal: ☐ Wild ☐ Domestic	☐ Dog ☐ Bat ☐ Raccoon ☐ Unknown ☐ Cat ☐ Skunk ☐ Other, specify:_____	
Animal Breed:	Animal Sex & Mark if Sterilized: ☐ Male ☐ Female ☐ Sterilized	Animal Color:
Location of Bite (Head/facial or body):		

Animal Information			
Owner Name:		Date of Birth:	Driver License #:
Address:			
City:	State:	ZIP Code:	Phone:
Animal Name:			

Medical/Treatment Information		
Seen by Medical Provider? ☐ Yes, Date of Visit: ☐ No ☐ Unknown	Name of Provider:	
Facility:		Phone:
Did the patient receive treatment: ☐ No ☐ Yes (Please indicate type of treatment(s) below)		
Rabies Immunoglobulin (RIG): ☐ No ☐ Yes, _____ IU (20 IU/kg)		Rabies Vaccine: ☐ No ☐ Yes
TD given: ☐ No ☐ Yes Date of last Tetanus:_____	Antibiotics:	

Reporting Provider Information			
Name:	Phone Number:	Worksite Location:	Date:

Kentucky Revised Statute (KRS) 258.065 requires reporting of animal bites by a provider within 12 hours/or next business day, of initial assessment.
FAX to your local Health Department