**Animal Bite Report Form**

**CART Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Victim** |
| Victim Type – Person / Pet |  |
| Victim’s Name |  |
| Address |  |
| City, State |  |
| Daytime Phone Number |  | Cell Phone Number |  |
| Rabies Vaccination | Current/Date | Unvaccinated | Unknown |
| Tetanus Vaccination | Current/Date | Unvaccinated | Unknown |
| If victim is a minor: | Parent Name | Phone |
| **Bite Animal** |
| Animal’s name (&/or Unique Shelter ID) |  |
| Description (including estimated weight) |  |
| Rabies tag number & year |  |
| Quarantine Yes No | Date Started |  | Date Ended |  |
| Owner’s Name/Phone Number |  |
| **Medical Treatment Provided** |
| Date and time of bite |  |
| Where and how did the bite occur? \*Use back of form if additional space is needed. |  |
| Description of the bite:Location, number and severity of punctures, scratches, lacerations, broken bones, etc. |  |
| Location where victim was treated. |  |
| What treatment was given? |  |
| **Verification** |
| Victim | Printed Name | Signature | Date |
| Person completing form and position | Printed Name | Signature | Date |
| CART Liaison | Printed Name | Signature | Date |
| Local Animal Control Officer | Printed Name | Signature | Date |
| Law Enforcement Officer | Name | Badge Number | Case # |
| **Notifications** |
| List the name and phone number for agency / individual notified |
| Local County Health Department | Person | Date | Time | Initials |
| Pet Owner | Person | Date | Time | Initials |
| Other(specify) | Person | Date | Time | Initials |

This form is to be completed by the Shelter Manager, Team Leader, or Safety Officer upon being notified that anyone has been bitten by an animal during activation. Please return completed form to the CART Liaison as soon as feasible, but no later than the end of the operational period.

**Local Jurisdiction**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Shelter Location**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_