

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Secretary and State Surgeon General

Vision: To be the Healthiest State in the Nation

ANIMAL BITE REPORT FORM

Florida Administrative Code (FAC) 64D-3.002(1)(a), Communicable Diseases, requires that any animal bite to a human by a potentially rabid animal or nonhuman primate, be reported to the local county health department within 72 hours of recognition. To facilitate this process, the required information on this form may be faxed to **DOH-Manatee** at #(941) 750-9364.

PATIENT INFORMATION

Date of Bite/Exposure: _____ **Patient Date of Birth:** _____
Name of Patient: _____ **Weight:** _____ **lbs.**
Address: _____ **Race:** _____ **Sex:** M F
City: _____ **State:** _____ **Zip:** _____
Phone: (H) _____ **(W)** _____
Parent Name and Phone (if minor): _____
Type of Exposure: Bite Scratch Other: _____
Skin Broken? Yes No **Drew Blood?** Yes No
Location of Wound(s): _____
Location and Circumstances of Incident: _____
Treatment Provided?: Yes No **If Yes, describe:** _____
(Tetanus, Antibiotics, bandages, stitches, etc.)

ANIMAL INFORMATION

Location of Animal (if known): _____
Type of Animal: Dog Cat Other: _____
Description: Breed: _____ **Color:** _____ **Sex:** M F Unk
Animal's Name (or other descriptor, such as kennel #) _____
Manatee County License Tag: Yes No Unknown
If Yes, Tag # and Year: _____
Rabies Vaccination Current?: Yes No Unknown
If Yes, Date of Vaccination: _____ **By:** _____
Quarantined?: Yes No Unknown
If Yes, Where?: _____

ANIMAL OWNER INFORMATION

Name of Owner: _____ **Phone: (H)** _____ **(W)** _____
Owner Address: _____ **City/St:** _____ **Zip:** _____
REPORTED BY: _____ **Clinic Name:** _____