

# HABERSHAM COUNTY BITE INCIDENT REPORT FORM

Submit To: Habersham County Environmental Health

130 Jacob's Way Suite 102 Clarkesville, GA 30523

FAX: 706-754-7127 PH: 706-776-7659

Bite Victim

Reporting Organization: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Name of Victim: \_\_\_\_\_ Date Incident Occurred: \_\_\_\_\_

Victim DOB: \_\_\_\_\_ Minor:  Yes  No Sex:  Male  Female

Address of Victim: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Victim Phone Number: \_\_\_\_\_

Parent Name (if Victim a minor): \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Bite Treatment

Location on Body of Bite/Scratch/Abrasion: \_\_\_\_\_

Location of medical attention: \_\_\_\_\_

Wound Treatment Given: \_\_\_\_\_

Prophylaxis Recommended:  Yes  No  Patient Refused  Referred to Physician only

Prophylaxis Recommended or Referred by: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Prophylaxis Given:  Yes  No Tetanus booster given:  Yes  No

Comments on Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Biting Animal

Name of Pet Owner: \_\_\_\_\_ County Residence: \_\_\_\_\_

Address of Pet Owner/Pet: \_\_\_\_\_

\_\_\_\_\_

If no address, location of incident: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Type of Animal/Breed: \_\_\_\_\_ Color/description: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Last Rabies Vaccination Date: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Veterinarian Phone Number: \_\_\_\_\_

Quarantine Deadline:

Completion Date: