Boston Public Health Commission (BPHC)

Reporting Form for Animal Bites

(Use Research Laboratory Reporting Form if the animal bite was from a research lab animal. Additional reporting forms can be found at www.bphc.org.)

Patient

Last Name	First Name	Gender ☐ male ☐ female

Street Address	Apt. #	City	State	Zip

Phone	Cell Phone	DOB / /	Age

Race ☐ Black ☐ White ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Other:________________________________

Ethnicity	If a minor, Name of Parent or Guardian	Parent/Guardian Phone

Exposure

Date of Exposure ____/____ /____	Time: AM PM	Location (address)

Animal: ☐ Wild ☐ Domestic	☐ Dog ☐ Cat ☐ Bat ☐ Raccoon ☐ Ferret ☐ Skunk ☐ Unknown ☐ Other, specify___________	Description (Breed, Color, Sex)

Any pertinent animal testing/vaccination:	Animal Specimen Sent for Rabies Test ☐ Yes, Date ____/____/____ ☐ No ☐ Unknown

Type of Exposure:
- ☐ Bite
- ☐ Scratch
- ☐ Saliva to mucous membrane
- ☐ Other **direct contact** with animal (describe): ______________________
- ☐ Indirect contact with pet/ animal following that animal's exposure to another suspect rabid animal
- ☐ Unknown
- ☐ Other (specify): ______________________

Circumstances surrounding incident: (please describe)
____
____
____
____

Clinical

Seen by Medical Provider? ☐ Yes, Date of Visit ______/_____/_____ ☐ No ☐ Unknown	Medical record #	Name of Provider

Facility	Phone

Name of Primary Care Provider (PCP)	PCP Facility	Phone

Description of wound (location on body, severity, number, etc.)

Treatment

HRIG (Human Rabies Immune Globulin)	☐Yes, Date: ____/____/____ ☐No	Tetanus (Td or Tdap)	☐Yes, Date: ____/____/____ ☐No
Rabies vaccine (HDCV or PCECV)	☐Yes, Date: ____/____/____ ☐No	Previous Post-Exposure or Pre-Exposure Prophylaxis for Rabies	☐Yes, Date: ____/____/____ ☐No

If rabies vaccine series has been initiated, please note facility where subsequent injections will be given. Facility: ______________________________________	Other Treatment/Medication:

Animal

Last Name (owner)	First Name (owner)	Phone Number

Address	Apt. #	City	State	Zip

Current Location of Animal (if different from above)	Owner known by victim? ☐ Yes ☐ No ☐ Unknown

Reporter

Name	Phone	Worksite	Date

If assistance is needed with animal follow-up, call Boston Animal Control at (617) 635-5349.
If additional information is needed call BPHC at 617-534-5611.
FAX COMPLETED FORM TO 617-534-5905.

The collection of this information is authorized under BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and January 10, 2013). These became effective March 11, 2013.