



Beaverhead County Public Health

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Animal Bite Documentation

Patient: _____ DOB: ____/____/____ Age: ____

Parent if minor: _____

Address: _____ Phone Number: _____

Date & Time Bite Took Place: ____/____/____ _____ Animal Involved: _____

Date & Time Reported to PH: ____/____/____ _____ Reporter: _____
PHN: _____

Date & Time Reported to LE: ____/____/____ _____

Investigating Officer: _____ City County

Brief History of Incidence: (including description and location of bite) Provoked Unprovoked

Medical Care: ____/____/____ Physician/Clinic: _____

Td/Tdap Vaccine: ____/____/____ Clinic/Hospital: _____

Immunoglobulin Date: (if indicated) ____/____/____ Clinic/Hospital: _____

Rabies Vaccine Initiated: Yes No Vaccine to be given on days 0, 3, 7, and 14.

#1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____

Animal Vaccinated: Yes No Unknown Up-to-date: Yes No Unknown Documentation: Yes No

Date Quarantine Completed or will be completed: ____/____/____ Location: _____

Owner of Animal: _____ Address and phone number: _____

Status of Animal after Quarantine: Alive and well Sick Deceased

Specimen to State Vet Lab: (if indicated) ____/____/____ Results: _____

Comments: