

Official Indiana Animal Bites Report
 Indiana State Department of Health
 State Form 14072 (R3/4-04)

Reporting Agency Case Number _____

Incident Location Address _____

Reported by (name) _____

Reporting Agency _____

County _____

Reported by (phone) _____

Bite Classification _____ / _____ / _____
 (see reverse side of this page to classify)

Exposure Date _____ / _____ / _____

Received by (name) _____

Incident On Off Property _____

Reported Date _____

Reported Time _____

Release Date _____

Victim Type (circle 2)
 Human Animal / Juvenile Adult

VICTIM INFORMATION				OWNER INFORMATION				
Victim	Person bitten (if animal victim, use this space for animal victim's owner):				Owner of Animal:			
	Last Name _____				Last _____		Date of Birth _____	
	First Name _____				First _____		Mid. _____	
	Sex <input type="radio"/> M <input type="radio"/> F				City _____		Zip _____	
Date of Birth _____				Sex <input type="radio"/> M <input type="radio"/> F		Sex <input type="radio"/> M <input type="radio"/> F		
Street Address _____				Home: _____		Neutered <input type="radio"/> Y <input type="radio"/> N		
City _____				Work: _____		Breed _____		
Zip _____				Telephone _____		Animal's Veterinarian _____		
Telephone _____				Home: _____		Prior Incidents _____		
Work: _____				Biting Animal		Rabies Vaccine		
Parent if victim is a juvenile:				Dog <input type="radio"/> Cat <input type="radio"/> Other <input type="radio"/>		Date _____ / _____ / _____		
Last _____				Color/Markings _____		Rabies Tag Number _____		
First _____				Name _____		License Number _____		
Mid. _____				Sex <input type="radio"/> M <input type="radio"/> F		Microchip Number _____		
Street Address _____				Breed _____		Citation issued? <input type="radio"/> Y <input type="radio"/> N		
City _____				Animal's Veterinarian _____		Location of Quarantine _____		
Zip _____				Prior Incidents _____		Date of Quarantine _____		
Telephone _____				Rabies Vaccine <input type="radio"/> Y <input type="radio"/> N		Quarantined by (name) _____		
Home: _____				Date _____ / _____ / _____		Release Date _____		
Work: _____				Rabies Tag Number _____		Released from Quarantine by (name): _____		
If animal victim:				License Number _____		Owner release card (date received): _____		
Breed/Species _____		Color/Markings _____		Microchip Number _____		Released from shelter quarantine (date): _____		
Name _____		Sex <input type="radio"/> M <input type="radio"/> F		Citation issued? <input type="radio"/> Y <input type="radio"/> N		Lab #/Result: _____		
Vaccine Date (rabies) _____		Location of Quarantine _____		Animal's Veterinarian _____		Animal owner's statement of incident:		
Animal				Date of Quarantine _____		Released from Quarantine by (name): _____		
Breed/Species _____				Quarantined by (name) _____		Owner release card (date received): _____		
Color/Markings _____				Release Date _____		Released from shelter quarantine (date): _____		
Name _____				Sex <input type="radio"/> M <input type="radio"/> F		Lab #/Result: _____		
Sex <input type="radio"/> M <input type="radio"/> F				Animal's Veterinarian _____		Animal owner's statement of incident:		
Vaccine Date (rabies) _____				Rabies Vaccine <input type="radio"/> Y <input type="radio"/> N		Released from Quarantine by (name): _____		
Parent if victim is a juvenile:				Rabies Tag Number _____		Owner release card (date received): _____		
Last _____				License Number _____		Released from shelter quarantine (date): _____		
First _____				Microchip Number _____		Lab #/Result: _____		
Mid. _____				Citation issued? <input type="radio"/> Y <input type="radio"/> N		Animal owner's statement of incident:		
Street Address _____				Location of Quarantine _____		Released from Quarantine by (name): _____		
City _____				Date of Quarantine _____		Owner release card (date received): _____		
Zip _____				Quarantined by (name) _____		Released from shelter quarantine (date): _____		
Telephone _____				Release Date _____		Lab #/Result: _____		
Home: _____				Animal's Veterinarian _____		Animal owner's statement of incident:		
Work: _____				Rabies Vaccine <input type="radio"/> Y <input type="radio"/> N		Released from Quarantine by (name): _____		
If animal victim:				Rabies Tag Number _____		Owner release card (date received): _____		
Breed/Species _____		Color/Markings _____		Microchip Number _____		Released from shelter quarantine (date): _____		
Name _____		Sex <input type="radio"/> M <input type="radio"/> F		Citation issued? <input type="radio"/> Y <input type="radio"/> N		Lab #/Result: _____		
Vaccine Date (rabies) _____		Location of Quarantine _____		Animal's Veterinarian _____		Animal owner's statement of incident:		
Parent if victim is a juvenile:				Date of Quarantine _____		Quarantined by (name) _____		
Last _____				Release Date _____		Released from Quarantine by (name): _____		
First _____				Animal's Veterinarian _____		Owner release card (date received): _____		
Mid. _____				Rabies Vaccine <input type="radio"/> Y <input type="radio"/> N		Released from shelter quarantine (date): _____		
Street Address _____				Rabies Tag Number _____		Lab #/Result: _____		
City _____				License Number _____		Animal owner's statement of incident:		
Zip _____				Microchip Number _____		Released from Quarantine by (name): _____		
Telephone _____				Citation issued? <input type="radio"/> Y <input type="radio"/> N		Owner release card (date received): _____		
Home: _____				Location of Quarantine _____		Released from shelter quarantine (date): _____		
Work: _____				Date of Quarantine _____		Quarantined by (name) _____		
If animal victim:				Release Date _____		Released from Quarantine by (name): _____		
Breed/Species _____		Color/Markings _____		Animal's Veterinarian _____		Owner release card (date received): _____		
Name _____		Sex <input type="radio"/> M <input type="radio"/> F		Rabies Vaccine <input type="radio"/> Y <input type="radio"/> N		Released from shelter quarantine (date): _____		
Vaccine Date (rabies) _____		Location of Quarantine _____		Rabies Tag Number _____		Lab #/Result: _____		
Parent if victim is a juvenile:				Date of Quarantine _____		Quarantined by (name) _____		
Last _____				Release Date _____		Released from Quarantine by (name): _____		
First _____				Animal's Veterinarian _____		Owner release card (date received): _____		
Mid. _____				Rabies Vaccine <input type="radio"/> Y <input type="radio"/> N		Released from shelter quarantine (date): _____		
Street Address _____				Rabies Tag Number _____		Lab #/Result: _____		
City _____				License Number _____		Animal owner's statement of incident:		
Zip _____				Microchip Number _____		Released from Quarantine by (name): _____		
Telephone _____				Citation issued? <input type="radio"/> Y <input type="radio"/> N		Owner release card (date received): _____		
Home: _____				Location of Quarantine _____		Released from shelter quarantine (date): _____		
Work: _____				Date of Quarantine _____		Quarantined by (name) _____		
If animal victim:				Release Date _____		Released from Quarantine by (name): _____		
Breed/Species _____		Color/Markings _____		Animal's Veterinarian _____		Owner release card (date received): _____		
Name _____		Sex <input type="radio"/> M <input type="radio"/> F		Rabies Vaccine <input type="radio"/> Y <input type="radio"/> N		Released from shelter quarantine (date): _____		
Vaccine Date (rabies) _____		Location of Quarantine _____		Rabies Tag Number _____		Lab #/Result: _____		

State Department of Health required information (must be completed):

Species (fill in the correct biting species):

Bat Dog Hamster Raccoon
 Cattle Ferret Horse Rat
 Cat Fox Mouse Squirrel
 Chipmunk Gerbil Rabbit Other

 If Other, specify _____

Did the animal exhibit any of the following:

Convulsions Aggression Inability to eat/drink
 Excessive salivation Paralysis Depression

Circumstances:

Animal confined (indoors, penned, tethered, or on leash)
 Animal not confined (stray, roaming, etc.)
 Wild Animal Provoked Unprovoked
 Unknown Other

Action taken with animal:

No Action Body destroyed
 Escaped/not found Head sent to ISDH Lab
 Pet quarantined (see dates above) Other
 (dog, cat, ferret only) Unknown

I, the undersigned, have received a copy of the quarantine guidelines, have read them, and understand them. I agree to comply with all provisions of the quarantine guidelines and understand that noncompliance may result in seizure of my pet if it is in home quarantine or loss of my pet if it is not properly claimed at the end of the quarantine period from the quarantining agency.

Witness _____ Date _____ Signature _____

Animal Bite Classification System – Proper Use

Bites are classified alphanumerically. The alpha designation indicates the victim, geographic location, and if the animal has bitten previously. The numeric designation indicates severity with (1) the least severe and (5) the most severe.

<u>Section I – Victim</u>	<u>Section II – Confined/Stray</u>	<u>Section III – Repeat Biter</u>	<u>Section IV – Bite Severity</u>
H = Human	C = Confined at the time of the bite	R = Repeat biter, previous information on file	1. Minor Scratch
D = Other animal (domestic)	S = Stray, roaming, off property, or not legally restrained	O = No previous bites	2. Minor, punctures 4 or less
W = Other animal			3. Moderate, punctures
			4. Severe, punctures (4 or more) deep may include crushing or tears from shaking
			5. Death

Example: H/C/R/3 = A bite to a human; the animal was legally confined at the time of the bite; the animal has bitten previously, and this is a bite of moderate severity.

Initial Owner/Victim Contact – Action for Quarantine

Location: _____ Description: _____

Date: _____ Officer: _____ Results: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Failed Quarantine (indicate reason):

Victim contacted on the 10th day:

Date: _____

Agent contacting victim: _____

Individual spoke with: _____

Reserved space for office use:

QUARANTINE GUIDELINES AND INFORMATION

If your animal has been quarantined at a shelter or local veterinarian, the required date to pick up the pet is _____. If you do not reclaim your pet from (or make arrangements with) the quarantining agency by the end of the business day of the date entered above, and pay appropriate fees at the time of reclaim, the animal will become the property of the agency at that time. The disposition of the animal may be determined at that time by the quarantining agency.

INSTRUCTIONS FOR A HOME QUARANTINE (Location of quarantine is at the discretion of the quarantining agency.)

1. Facility used for confinement shall ensure an escape-proof environment subject to unannounced periodic spot checks by the animal control officer or local health officer. The animal shall be confined inside a structure, not on a chain or in a fenced yard. Diagrams for the construction of cat and dog isolation cages are available if such is recommended by the animal control officer or local health officer.
2. The animal shall not leave the quarantine premises for any reason. The animal shall not have contact with humans or other animals for the 10-day period, with the exception of the primary caretaker.
3. At the first sign of illness in the animal, the owner shall notify the quarantining agency. Symptoms to watch for include fever, loss of appetite, excessive irritability, unusual vocalization, change in behavior, restlessness, jumping at noises, trouble walking, excessive salivation, tremors, convulsions, paralysis, stupors, or unprovoked aggression.
4. At the end of the 10-day quarantine period, the owner is responsible for contacting the quarantining agency to report the health status of the animal.
5. If these guidelines cannot be met or are violated at any time during the quarantine, the animal will be seized and the 10-day quarantine will be completed at the department of animal control shelter or a facility designated by the local health officer.
6. **When a pet has been exposed to rabies and it is not vaccinated, euthanasia is recommended. Alternatively, the owner has the option of arranging for a six-month quarantine at the owner's expense. This is due to the special public health risks associated with these animals (i.e., those potentially incubating rabies) and the need to prevent human and other animal exposures from occurring should rabies symptoms develop.**

MEDICAL INFORMATION FOR VICTIMS AND PET OWNERS

Questions regarding medical treatment and advice should be directed to your family physician. Concerns regarding tetanus toxoid and/or rabies prophylaxis may be addressed by your physician or the local health officer. If your pet has been injured by another animal, contact your veterinarian for appropriate treatment.