



Macon County
Public Health

Macon County Animal Services

Animal Bite Report

FAX COMPLETED FORM TO 828-524-1642 AND 828-349-2478

Date of Bite: _____ Person Taking Report: _____

Date of Report: _____

Name of Owner: _____ Telephone: _____ (C) _____ (W)

Address: _____

Name of Victim: _____ Telephone: _____ (C) _____ (W)

Address: _____

Date of Birth: _____ Sex: _____ Parent/Guardian: _____

Type of Exposure (Circle): Bite Scratch Skin Broken Area of Body: _____

Physician Seen (Circle): Yes / No Date Examined: _____ Physician Name: _____

Has Patient Had a Tetanus Shot in the Last 5 Years? (Circle): Yes / No Date of Patient's Last Tetanus Shot: _____

Explain Circumstances of Bite: Provoked / Unprovoked Location of Incident: _____

Animal Information: Name _____ Dog _____ Cat _____ Other _____

Sex: M / F Age: _____ Breed: _____ Color(s): _____

FOR ANIMAL SERVICES DEPARTMENT USE ONLY: Investigating ACO: _____

Intake ID: _____ Animal ID: _____

Rabies Vaccination Date: _____ 1 Year / 3 Year Tag #: _____ Vet's Name: _____

Confinement Date: _____ Home _____ Shelter _____ DVM _____ Not Captured _____

Disposition Date: _____ Redeemed _____ Adopted _____ Died _____ Euthanized _____

Deemed Vicious: Yes / No Vicious Animal Confinement Order: _____ Citation Issued: Yes / No

Animal Specimen Sent to Lab for Rabies Exam: Yes / No Rabies Examination #: _____ Result: Positive / Negative

Patient Notified of Disposition: Yes / No Date: _____ By Whom: _____

FOR HEALTH DEPARTMENT USE ONLY:

Does Victim Need Rabies Shot? Yes / No

Patient Had Tetanus Shot in the Last 5 Years? Yes / No

Does Victim Need Tetanus Shot? Yes / No

Date Specimen Sent to State Lab: _____ Date Results Received: _____

Victim Notified of Results: Yes / No Date: _____ By Whom: _____

HCAS FORM 016 (REV 06/18/2020)