

BITE CODE

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**CITY OF ALLENTOWN HEALTH BUREAU
ANIMAL BITE REPORT FORM**

If owner of animal lives in City of Allentown, or if unknown owner but victim lives in City report to:

Allentown Health Bureau
245 N. Sixth Street
Allentown, PA 18102

Phone: (610) 437-7760
Fax: (610) 437-8799

Name of Person/
Institution Reporting: _____

Phone: _____

Person receiving report: _____

Date: _____

Time: _____

Date/Time of Incident: _____

Location of Incident: _____

Name of Victim: _____

Date of Birth: _____

Sex: _____

Parents Name (if child): _____

Phone (Home): _____

Address: _____

Phone (Work): _____

Animal Description

Breed: _____
Name: _____
Color: _____
Markings: _____
Sex: _____
Age: _____

Vaccination/License Status

Date of last rabies vac: _____
Rabies Tag #: _____
Vet. Name: _____
Vet. Phone #: _____
License #: _____

Circumstances of bite (please complete)

	Yes	No	Unknown
Does animal reside in City?	_____	_____	_____
Was animal running loose?	_____	_____	_____
Was animal off owners property?	_____	_____	_____
Was animal under control of owner?	_____	_____	_____
Were police or EMS on scene?	_____	_____	_____
Was victim petting/handling the animal?	_____	_____	_____
Was victim feeding the animal?	_____	_____	_____
Was victim invading the animals territory?	_____	_____	_____
Did the victim startle the animal?	_____	_____	_____
Did the victim run or bicycle past the animal?	_____	_____	_____
Did the victim assist injured or sick animal?	_____	_____	_____
Did the victim attempt to remove food or other objects in animals possession?	_____	_____	_____
Other:	_____	_____	_____

Description of wound injury: _____

Part of body bitten: _____

Doctor treating victim: _____

Treatment: ABT _____ Td _____ Rabies Prophylaxis: _____ Address: _____

Initiated _____ Phone # _____

Name of animal owner: _____ Phone (H) _____ (W) _____

Address: _____

Investigation: _____

