



Public Health  
Prevent. Promote. Protect.

# Erie County Department of Health

606 W. Second St.,  
Erie, PA 16507  
Phone: 814-451-6700  
Toll free: 1-800-352-0026  
eriecountypa.gov/health

## Animal Bite Report

Fax completed report to 814-451-6767 within 24 hours. For questions, call 814-451-6711.

Interpreter needed. Language: \_\_\_\_\_

Today's date _____ Facility phone _____	<b>ECDH Use Only</b> Medical Record # _____ Report # _____
Facility name _____	

### Patient / Victim Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent(s) Name (if patient/victim is 17 years old or younger) \_\_\_\_\_

### Incident / Injury Information

Date of incident/injury \_\_\_\_\_ Body part(s) injured \_\_\_\_\_

Check all that apply

- Type of injury  Bite  Scratch  Other \_\_\_\_\_
- Injury happened at  Victim's home  Owner's home  Other \_\_\_\_\_
- Describe incident  Animal eating/sleeping  Breaking up fight  Protecting turf  Sick/injured animal  
 Startled/scared  Touching/playing with animal  Other/More details \_\_\_\_\_

Date of treatment (if received) \_\_\_\_\_ Victim received rabies vaccine/shot  Yes  No

Medical treatment  None  Wound Cleaned  Antibiotic  Sutures/Stitches  Tetanus vaccine/shot

Other \_\_\_\_\_

### Animal Information

Animal is (e.g. dog, cat, bat, etc.) \_\_\_\_\_ Animal is  Pet  Stray  Wildlife  Unknown

Breed or Description \_\_\_\_\_ Color \_\_\_\_\_

Where is animal now?  Victim's home  Owner's home  Unknown  Other \_\_\_\_\_

Does animal live in your household?  Yes  No (If no, provide any information you have below.)

Owner's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main phone \_\_\_\_\_ Alternate phone \_\_\_\_\_ Email \_\_\_\_\_