



ANIMAL BITE REPORT
Monroe County Health Department
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PERSON BITTEN:

Date Bitten (MDY):			
Name:			
	Last Name	First Name	MI
Street Address:			
City, State, Zip:			
Home Phone:		Cell Phone:	
Age:			
Emergency Contact Person:			
Phone:			

ANIMAL OWNER INFORMATION:

Name:			
	Last Name	First Name	MI
Street Address:			
City, State, Zip:			
Home Phone:		Cell Phone	

ANIMAL INFORMATION:

Animal Bite: <input type="checkbox"/>	Animal Scratch: <input type="checkbox"/>	Sex: Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Species: Dog: <input type="checkbox"/>	Cat: <input type="checkbox"/>	Rat: <input type="checkbox"/>	Raccoon: <input type="checkbox"/>
	Hamster: <input type="checkbox"/>	Ferret: <input type="checkbox"/>	
	Horse: <input type="checkbox"/>	Rabbit: <input type="checkbox"/>	Other:
Breed:	Color:	Age:	
Stray? Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Name of Animal:	
Rabies Vaccination Date (if known):			
Rabies Tag # (if known):			

REPORTING AGENCY INFORMATION:

Reporting Agency:
Contact Person: (type or print):
Phone:

HEALTH DEPARTMENT FOLLOW-UP
