

Ulster County Department of Health

ANIMAL BITE REPORT

Kingston, New York 12401
845-340-3010 Fax: 845-340-3045

Date: _____

Report Initiated by: _____

Section A: Patient Information

Last Name: _____ First Name: _____ D.O.B.: _____ Sex: M/F

Street Address: _____ City/Town: _____ State: ____ Zip: ____

Phone #: _____ Pregnant: Yes/No

Date of Injury: _____ Body Site Injured/Description: _____

Referred to ER: _____ Yes _____ No

If no, why: _____

Section B: Animal Information

Animal Species: _____ Owned: _____ Yes _____ No Wild or Stray: _____ Yes _____ No

Name of Animal (if known): _____ Breed of Animal (if known): _____

Rabies Vaccine Status: Current: _____ Yes _____ No Unvaccinated: _____ Yes _____ No Unknown: _____ Yes _____ No

Animal Sick or Behaving Abnormally: _____ Yes _____ No Description: _____

Owner of Animal: _____ Address: _____

Telephone #: _____ Veterinarian: _____ Date Vaccinated: _____

Notes: _____

Section C: To Be Completed by Environmental Health Services

Staff Completing Report: _____ Date: _____

Animal Confinement Period: From: _____ To: _____ Condition of Animal: _____

Animal Euthanized: _____ Yes _____ No Date: _____ By: _____

Specimen shipped to Lab: _____ Yes _____ No Date: _____

by: _____ via: _____

Lab Report Received: _____ Yes _____ No Date: _____ Result: _____ Accession #: _____

Patient Contacted with Result: _____ Yes _____ No Date: _____ Remarks: _____

Hospital Contacted with Results _____ Yes _____ No Remarks: _____