

Official Indiana Animal Bites Report
 Indiana State Department of Health
 State Form 14072 (R3/4-04)

Reporting Agency Case Number _____

Incident Location Address _____

Reported by (name) _____

Reporting Agency _____

County _____

Reported by (phone) _____

Bite Classification _____ / _____ / _____
 (see reverse side of this page to classify)

Exposure Date _____ / _____ / _____

Received by (name) _____

Incident On Off Property _____

Victim Type (circle 2)

Human Animal / Juvenile Adult

Reported Date _____ Reported Time _____

Release Date _____

VICTIM INFORMATION				OWNER INFORMATION							
Victim	Person bitten (if animal victim, use this space for animal victim's owner):				Owner of Animal:						
	Last Name _____				Last _____ First _____ Mid. _____		Date of Birth _____				
	First Name _____				Street Address _____		City _____ Zip _____				
	Sex <input type="radio"/> M <input type="radio"/> F				Home Telephone _____		Work Telephone _____				
Parent	Date of Birth _____				Biting Animal		Color/Markings _____				
	Street Address _____				Dog <input type="radio"/> Cat <input type="radio"/> Other <input type="radio"/>		Name _____				
	City _____ Zip _____				Breed _____		Sex <input type="radio"/> M <input type="radio"/> F				
	Telephone Home: _____				Animal's Veterinarian _____		Prior Incidents _____				
Animal	Work: _____				Rabies Vaccine <input type="radio"/> Y <input type="radio"/> N		Date _____ / _____ / _____				
	Parent if victim is a juvenile:				Rabies Tag Number _____		License Number _____				
	Last _____ First _____ Mid. _____				Microchip Number _____		Citation issued? <input type="radio"/> Y <input type="radio"/> N				
	Street Address _____				Location of Quarantine _____						
Incident & Circumstances	City _____ Zip _____				Date of Quarantine _____		Quarantined by (name) _____				
	Telephone Home: _____				Released from Quarantine by (name): _____		Release Date _____				
	Work: _____				Owner release card (date received): _____						
	If animal victim:				Released from shelter quarantine (date): _____						
Breed/Species _____		Color/Markings _____		Name _____		Vaccine Date (rabies) _____					
Sex <input type="radio"/> M <input type="radio"/> F		Location on Body and Extent of Injury:				Lab #/Result: _____					
(if animal victim) Quarantined? Yes <input type="radio"/> No <input type="radio"/>				Victim's statement of incident (animal owner if animal victim):				Animal owner's statement of incident:			
Time of bite _____				Treating Physician (or veterinarian) Name: _____							
Telephone: _____											

State Department of Health required information (must be completed):

Species (fill in the correct biting species):

- | | | | |
|--------------------------------|------------------------------|-------------------------------|--------------------------------|
| <input type="radio"/> Bat | <input type="radio"/> Dog | <input type="radio"/> Hamster | <input type="radio"/> Raccoon |
| <input type="radio"/> Cattle | <input type="radio"/> Ferret | <input type="radio"/> Horse | <input type="radio"/> Rat |
| <input type="radio"/> Cat | <input type="radio"/> Fox | <input type="radio"/> Mouse | <input type="radio"/> Squirrel |
| <input type="radio"/> Chipmunk | <input type="radio"/> Gerbil | <input type="radio"/> Rabbit | <input type="radio"/> Other |

 If Other, specify

Did the animal exhibit any of the following:

- | | | |
|--|----------------------------------|--|
| <input type="radio"/> Convulsions | <input type="radio"/> Aggression | <input type="radio"/> Inability to eat/drink |
| <input type="radio"/> Excessive salivation | <input type="radio"/> Paralysis | <input type="radio"/> Depression |

Circumstances:

- | |
|---|
| <input type="radio"/> Animal confined (indoors, penned, tethered, or on leash) |
| <input type="radio"/> Animal not confined (stray, roaming, etc.) |
| <input type="radio"/> Wild Animal <input type="radio"/> Provoked <input type="radio"/> Unprovoked |
| <input type="radio"/> Unknown <input type="radio"/> Other |

Action taken with animal:

- | | |
|---|---|
| <input type="radio"/> No Action | <input type="radio"/> Body destroyed |
| <input type="radio"/> Escaped/not found | <input type="radio"/> Head sent to ISDH Lab |
| <input type="radio"/> Pet quarantined (see dates above) (dog, cat, ferret only) | <input type="radio"/> Other |
| | <input type="radio"/> Unknown |

I, the undersigned, have received a copy of the quarantine guidelines, have read them, and understand them. I agree to comply with all provisions of the quarantine guidelines and understand that noncompliance may result in seizure of my pet if it is in home quarantine or loss of my pet if it is not properly claimed at the end of the quarantine period from the quarantining agency.

Witness _____

Date _____

Signature _____

Animal Bite Classification System – Proper Use

Bites are classified alphanumerically. The alpha designation indicates the victim, geographic location, and if the animal has bitten previously. The numeric designation indicates severity with (1) the least severe and (5) the most severe.

<u>Section I – Victim</u>	<u>Section II – Confined/Stray</u>	<u>Section III – Repeat Biter</u>	<u>Section IV – Bite Severity</u>
H = Human	C = Confined at the time of the bite	R = Repeat biter, previous information on file	1. Minor Scratch
D = Other animal (domestic)	S = Stray, roaming, off property, or not legally restrained	O = No previous bites	2. Minor, punctures 4 or less
W = Other animal			3. Moderate, punctures
			4. Severe, punctures (4 or more) deep may include crushing or tears from shaking
			5. Death

Example: H/C/R/3 = A bite to a human; the animal was legally confined at the time of the bite; the animal has bitten previously, and this is a bite of moderate severity.

Initial Owner/Victim Contact – Action for Quarantine

Location: _____ Description: _____

Date: _____ Officer: _____ Results: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Failed Quarantine (indicate reason):

Victim contacted on the 10th day:

Date: _____

Agent contacting victim: _____

Individual spoke with: _____

Reserved space for office use:

QUARANTINE GUIDELINES AND INFORMATION

If your animal has been quarantined at a shelter or local veterinarian, the required date to pick up the pet is _____. If you do not reclaim your pet from (or make arrangements with) the quarantining agency by the end of the business day of the date entered above, and pay appropriate fees at the time of reclaim, the animal will become the property of the agency at that time. The disposition of the animal may be determined at that time by the quarantining agency.

INSTRUCTIONS FOR A HOME QUARANTINE (Location of quarantine is at the discretion of the quarantining agency.)

1. Facility used for confinement shall ensure an escape-proof environment subject to unannounced periodic spot checks by the animal control officer or local health officer. The animal shall be confined inside a structure, not on a chain or in a fenced yard. Diagrams for the construction of cat and dog isolation cages are available if such is recommended by the animal control officer or local health officer.
2. The animal shall not leave the quarantine premises for any reason. The animal shall not have contact with humans or other animals for the 10-day period, with the exception of the primary caretaker.
3. At the first sign of illness in the animal, the owner shall notify the quarantining agency. Symptoms to watch for include fever, loss of appetite, excessive irritability, unusual vocalization, change in behavior, restlessness, jumping at noises, trouble walking, excessive salivation, tremors, convulsions, paralysis, stupors, or unprovoked aggression.
4. At the end of the 10-day quarantine period, the owner is responsible for contacting the quarantining agency to report the health status of the animal.
5. If these guidelines cannot be met or are violated at any time during the quarantine, the animal will be seized and the 10-day quarantine will be completed at the department of animal control shelter or a facility designated by the local health officer.
6. **When a pet has been exposed to rabies and it is not vaccinated, euthanasia is recommended. Alternatively, the owner has the option of arranging for a six-month quarantine at the owner's expense. This is due to the special public health risks associated with these animals (i.e., those potentially incubating rabies) and the need to prevent human and other animal exposures from occurring should rabies symptoms develop.**

MEDICAL INFORMATION FOR VICTIMS AND PET OWNERS

Questions regarding medical treatment and advice should be directed to your family physician. Concerns regarding tetanus toxoid and/or rabies prophylaxis may be addressed by your physician or the local health officer. If your pet has been injured by another animal, contact your veterinarian for appropriate treatment.