

**Animal Bite Report**  
**Bibb County Health Department**  
**Fax: 478-749-0128**

Patient Information

Patient Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Anatomic Location of Bite \_\_\_\_\_ Date Bite Occurred \_\_\_\_\_

Circumstances surrounding bite \_\_\_\_\_

**Post Exposure Prophylaxis Treatment Given (Rabies Vaccination) ... Yes  No**

If Patient is Minor

Name of Parent \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Animal Information

Type of Animal That Bit Victim \_\_\_\_\_ Description \_\_\_\_\_

Pet  Stray  Vaccinations if known: Yes  No

Owner Information

Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Phone Number For Owner \_\_\_\_\_

If Stray...Last Location It Was Seen \_\_\_\_\_