ANIMAL BITE REPORTING FORM

DEPARTMENT OF PUBLIC HEALTH AND WELLNESS

Kentucky Revised Statute (KRS) 258.065 requires reporting of animal bites by a provider within 12 hours of initial assessment.

Patient Information

Name:		Date of Birth: / /
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Emergency Contact:

Incident/Exposure Information

Date of incident: / /	Time: am/pm
Address Where Bite Occurred:	
Animal: ☐ Wild ☐ Domestic	☐ Dog ☐ Bat ☐ Raccoon ☐ Unknown ☐ Cat ☐ Skunk ☐ Other, specify:_____

Animal Breed:	Animal Sex: Male Female	Animal Color:
Location of Bite (Head/facial or body):		

Animal Information

Animal Owner Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Animal Name:			

Medical/Treatment Information

Seen by Medical Provider? ☐ Yes, Date of Visit __/___/___ ☐ No ☐ Unknown	Name of Provider:
Facility:	Phone:
Did the patient receive treatment: ☐ No ☐ Yes (Please indicate type of treatment(s) below)	

TD: ☐ No ☐ Yes	Rabies Immunoglobulin (RIG): ☐ No ☐ Yes, ____ml	Rabies Vaccine: ☐ No ☐ Yes
Antibiotics given:		

Reporting Provider Information

Name:	Phone Number:	Worksite Location	Date:

Louisville Metro Department of Public Health and Wellness 400 East Gray Street Louisville, KY 40202	All animal bites are to be reported to the Division of Environmental Health and Protection: **Phone: 502-574-6640 or Fax:502-574-6657.** After hours facial bites: Call 502-574-6650 and follow prompts to report an emergency. Physicians can obtain additional information on rabies, after hours and for emergencies only, by calling 502-574-8200 and following the prompts.