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

Victim

Person bitten *(if animal victim, use this space for animal victim's owner):*

Last Name

First Name

Date of Birth ___/___/___ Sex ○ M ○ F

Street Address | City | Zip | Telephone Home: Work:

Parent

Parent if victim is a juvenile:

Last | First | Mid.

Street Address | City | Zip | Telephone Home: Work:

Animal

If animal victim:

Breed/Species | Color/Markings | Name | Sex M F | Vaccine Date (rabies)

Incident & Circumstances

(if animal victim) Quarantined? Yes No | Time of bite | Treating Physician (or veterinarian) Name: Telephone:

Location on Body and Extent of Injury:

Victim's statement of incident (animal owner if animal victim):

OWNER INFORMATION

Owner

Owner of Animal:

Last | First | Mid. | Date of Birth

Street Address | City | Zip | Sex M F

Home Telephone | Work Telephone

Animal

Biting Animal Dog Cat Other | Color/Markings | Name | Sex ○ M ○ F | Neutered ○ Y ○ N

Breed

Animal's Veterinarian | Prior Incidents

Rabies Vaccine ○ Y ○ N **Date** ___/___/___

Rabies Tag Number | License Number | Microchip Number | Citation issued? ○ Y ○ N

Quarantine

Location of Quarantine

Date of Quarantine | Quarantined by (name) | Release Date

Released from Quarantine by (name):
Owner release card (date received):
Released from shelter quarantine (date):
Lab #/Result: _____

Incident

Animal owner's statement of incident:

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

Species (fill in the correct biting species):

○ Bat ○ Dog ○ Hamster ○ Raccoon
○ Cattle ○ Ferret ○ Horse ○ Rat
○ Cat ○ Fox ○ Mouse ○ Squirrel
○ Chipmunk ○ Gerbil ○ Rabbit ○ Other

If Other, specify

Did the animal exhibit any of the following:

○ Convulsions ○ Aggression ○ Inability to eat/drink
○ Excessive salivation ○ Paralysis ○ Depression

Circumstances:

○ Animal confined (indoors, penned, tethered, or on leash)
○ Animal not confined (stray, roaming, etc.)
○ Wild Animal ○ Provoked ○ Unprovoked
○ Unknown ○ Other

Action taken with animal:

○ No Action ○ Body destroyed
○ Escaped/not found ○ Head sent to ISDH Lab
○ Pet quarantined (see dates above) (dog, cat, ferret only) ○ Other
○ 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_____

DISTRIBUTION: White - Enforcing Agency, Canary - Local Health Department, Pink - Owner

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.

Section I – Victim	Section II – Confined/Stray	Section III – Repeat Biter	Section IV – Bite Severity
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 <u>and</u> 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.