

**Gallatin City County Health Department  
Animal Bite Report Form**

**\*Please complete top portion of form and fax to 582-3112\***

Form must be completed by  Health Care Provider  Law Enforcement

Veterinarian  Animal Control  Shelter Staff

Form Completed by \_\_\_\_\_ Date \_\_\_\_\_

<b>WHERE DID THE BITE TAKE PLACE? Address:</b> _____ <b>City:</b> _____ <b>Zip:</b> _____ <b>Within City Limits? Y / N</b>
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Victim's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Bite: \_\_\_\_\_ Skin Broken? Y / N

Bite Location on Body: \_\_\_\_\_

Dr Contacted? Y / N If yes, which physician/practice? \_\_\_\_\_

Description of Biting Animal: \_\_\_\_\_

Description of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Animal Control/ HD Use Only**

**ACO:** Animal Quarantined? Y / N Where? \_\_\_\_\_

Owner of Animal: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Vet's Name: \_\_\_\_\_ Vet's Phone: \_\_\_\_\_

Date of Last Rabies Vax: \_\_\_\_\_ Animal Rabies Vax UTD? Y / N

Animal Control Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(County: 582-2116 / fax 582-2484) (Belgrade: 388-4262 / fax 388-4996 / 4708)

(Bozeman: 582-2037/ fax 582-2002) (West Yellowstone: 646-7600 / fax 646-7650)

**GCCHD:**

- Bite Victim Notified re: Medical Care, s/sx to report to PMD
- TD UTD? Y / N If no, referred to PMD \_\_\_\_ or provided at HD \_\_\_\_ on \_\_\_\_\_
- Encouraged to speak with PMD re: rabies prophylaxis if animal + or unable to locate?  
Date: \_\_\_\_\_
- Rabies prophylaxis indicated? Y / N Comment: \_\_\_\_\_

Comments: \_\_\_\_\_

Faxed to animal control? Y / N Date: \_\_\_\_\_

Information inputted into database? Y / N Date: \_\_\_\_\_

Information added to log Y / N Date: \_\_\_\_\_

State Notified (if animal + for rabies) Y / N Date: \_\_\_\_\_

Media Notification by GCCHD (if unable to locate animal) Date: \_\_\_\_\_ By: \_\_\_\_\_

Public Health Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(582-3100/ fax 582-3112)