

ANIMAL BITE REFERRAL FORM

(Fax to 315-366-2207)

Date of Bite _____ **Report received by:** _____ **LOG #** _____

Date of Referral: _____ by _____ of _____ Phone: _____

Person Bitten: _____ Age: _____

Name of Guardian: _____ Time of Bite: _____

Address: _____ Phone: _____

Where on Person Injured: _____

Medical Treatment? (y/n) _____ Where: _____ Doctor: _____

Describe Injury: _____

Description of Animal: (Type) _____ Name: _____

Rabies Vaccine: _____ Date: _____ Years: _____ Rabies Tag/ID # _____

Owner's Name: _____ Phone: _____

Address: _____

Location of Occurrence: _____

Description of Incident: _____

INSTRUCTIONS: A healthy dog, cat or ferret that bites a person must be confined and observed for **ten days: it is recommended that rabies vaccine not be administered during the observation period.** After ten days, the local animal control officer may verify that the animal is alive, sign this bottom section and return this section to the local health department. **IMMEDIATELY REPORT ANY SIGN OF ILLNESS OR RABIES OF THE ANIMAL TO THE MADISON COUNTY DEPARTMENT OF HEALTH AT (315) 366-2526.**

CERTIFICATION LOG # _____ **Animal Control Officer**

I _____, Local Health Department/DCO _____

(print name)

(Town, Village, City)

certify that this animal described above was: [] submitted for rabies testing on _____;
(date)

[] alive as of _____.
(10 days)

Signature: _____