Colusa County Animal Bite/Exposure Report
For Use By Healthcare Facilities

Report Date _____ Time_____

Name of Healthcare Facility_____

Name of Provider_____

Facility Address_____City_____

Information about the Victim and Bite/Exposure

Bite/Exposure Victim Name _____

Age_____DOB_____Phone# ☐ cell_____☐ home_____

Physical Address_____

Parent names, if victim is a minor_____

When did the bite/exposure occur? Date_____Time_____

Where was the address/physical location the bite/exposure occurred? (Obtain as many specifics as possible)

_____

_____

Describe the circumstances of the bite/exposure_____

_____

_____

Type of exposure (check all that apply) ☐ Blood ☐ Saliva ☐ Excrement

Describe the extent of the bite wounds and wound location/s on the patient's body.

_____

_____

Describe the medical treatment provided_____

_____

Date of Treatment_____Last Tetanus Vaccination Date_____

List who else was bitten (include full names, phone #s, and addresses)

_____

Health Care Providers should talk to the patient and collect, to the extent possible, the following information about the Biting/High Risk Exposure Animal:

☐ DOG ☐ CAT ☐ BAT ☐ OTHER (specify):_____

Name_____Breed_____

Age_____Sex_____Color_____

☐ Healthy ☐ Sick (describe)_____

Appearance: ☐ Normal ☐ Lethargic ☐ Aggressive ☐ Unknown

Usual Temperament ☐ Friendly ☐ Timid ☐ Protective ☐ Bites ☐ Unknown

History of Animal ☐ Running unsupervised ☐ Contact with other animals (describe)

_____

Veterinarian Clinic_____Phone #_____

Rabies Vaccination Date_____ ☐ 1 year shot ☐ 3 year shot

License Year and Number_____

Information about the **OWNER** of the Biting/High Risk exposure animal

Name of Animal Owner_____

Home Address_____P.O. Box_____

City_____State_____Zip_____Phone#_____

Driver's License#_____Age_____DOB_____Sex_____

Colusa County Health Officer Notification

Animal Control
Phone (530) 458-0229
Fax (530) 458-4697

Public Health
Phone (530) 458-0380
Fax (530) 458-4136

Routine Bites/Exposures (domestic, owner known, or healthy animal): Send report to Colusa County Animal Control within 24 hours. Animal Control will notify Public Health.

Emergency Bites/Exposures (wild, stray, unable to locate, or sick animal, and head, neck, or facial wounds): Send report to both Animal Control and Public Health.