



Direct Phone: 406-868-4392
(call and leave a detailed message or text)

CITY-COUNTY HEALTH DEPARTMENT
115 4th St South, Great Falls, MT 59401

Fax completed form to CCHD
406-761-9898
or 406-454-6959

Updated: July 2019

Animal Bite Form

I. Victim Information:

Last Name: _____ First: _____ DOB: _____

If minor, parent/guardian's name: _____ email : _____

Address: _____ City: _____ Zip Code: _____

Phone(s): _____ may we leave a message? Y / N text? Y / N

Check here if this victim is associated with MAFB Check here if this victim is associated with 120AW (member or dependent)

II. Bite Information: Date of Bite: _____ Time of Bite: _____

Check here if this bite was from your own cat / dog / ferret and occurred at your home.

OR Address where bite occurred: _____

Circumstances of bite/scratch: _____

Description/location of wound(s): _____

Severity (circle one): 1. Minor, scratch 2. Minor, punctures, 4 or less 3. Moderate, punctures 4+ 4. Severe, tearing, needing sutures

Treatment of wound(s): _____

Is victim current on tetanus Y / N; if not was tetanus given? Y / N Was rabies PEP recommended? Y / N; if yes was it started? Y / N

Health Care Provider Name: _____ Date: _____

Facility: _____ Phone: _____

III. Animal and Owner Information: Check here if the animal is a stray (please provide a description)

Species: Dog / Cat / Other: _____ Color: _____ Breed: _____

Name: _____ Sex: M / F / UNK Age: _____ / UNK Feral / Pet / UNK Provoked: Y / N / UNK

Vet: _____ Phone: _____

Current Rabies Vaccination? Y / N Tag #: _____ Expiration Date: _____ City Tag Number: _____

Owner's Name(s): _____ Phone(s): _____

Address: _____ City: _____ Zip Code: _____

Email: _____ Location of animal: _____

IV: Follow-up information: (CCHD and LEO use only)

Date CCHD recd	ACO/CCSO	CR/SO#	Date CCHD contacted victim	Day 10	Date EH Closed	Reason	Date Case Closed

Information for the Victim: In accordance with the Administrative Rules of Montana (ARM) 37.114.571 and 32.3.1201, all animal bites must be reported to the local Health Department immediately for potential rabies exposure. **CCHD investigates animal bites in an effort to prevent rabies (a communicable disease) from being transmitted to people; CCHD does not investigate bites for the purpose of enforcement against people or pets.** You will be contacted by a Sanitarian from CCHD to get the details of the incident. If you were bitten by a dog or cat, CCHD or law enforcement will attempt to locate that animal to verify rabies vaccination status. The animal will have to be quarantined for 10 days after the bite. If the dog or cat was carrying the rabies virus at the time of the bite, that animal will be ill or dead by post bite day 10. That is why health assessment on post bite day 10 is necessary for ruling out rabies exposure. Also, depending on the circumstances of the bite, the Animal Control Officers or Cascade County Sheriff's Office may be involved in your bite investigation. If you have questions, please contact a Sanitarian at CCHD 406-868-4392.

Assigned Sanitarian (Office Use Only): _____