



BUNCOMBE COUNTY HEALTH AND HUMAN SERVICES

David Sweat
Health and Human Services Director

ANIMAL BITE REPORT FORM

(This form must be completed by a health services worker.)

Date Reported: _____

Contact Phone #: _____

Name of Medical Provider: _____

Reported by: (name of clinic/hospital): _____

I. VICTIM INFORMATION			
Victim's Name: (last, first)	DOB:	Age:	Sex:
Address: (City/State/Zip)			
Phone #(s): Home: Work /Cell:		Name of Parent/Guardian (If victim under 18 years old)	
Td/Tdap Administered? Yes No		If yes, Date Administered: Administered in last 5 years? Yes No	
Why was Td/Tdap not administered?			
Referred to ER for PEP? Yes No		Was PEP Initiated? Yes No	
Where was the victim referred to? Why was victim not referred to ER?			
II. BITE INFORMATION			
Date of Bite	Skin Broken? Yes No	Was Treatment Administered? Yes No	
Address where bite occurred			
Animal Control notified? Yes No	Who did you notify? Asheville Police Buncombe County Sheriff		
Why was Animal Control not notified?			
III. ANIMAL INFORMATION			
Species: _____ <input type="checkbox"/> Other: _____			
Stray? Yes No Unknown		Animal owned by victim? Yes No Animal at large? Yes No	
Rabies vaccination up-to-date? Yes No Unknown			
IV. WHERE TO REPORT			
If bite occurred INSIDE Asheville City Limits contact: Asheville Police Department Animal Control (828) 252-1110		If bite occurred OUTSIDE Asheville City Limits contact: Buncombe County Sheriff Dept. Animal Control (828) 250-6670	
P.O. Box 7408, Asheville, NC 28802 (828) 250-5500		buncombecounty.org/hhs	

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