

# Pondera County Animal Bite Report Form

Reporting Agency:  PMC ER  PMC Clinic  Sheriff's Office  Conrad Police  Vet  
Date of Report: \_\_\_\_\_ Completed By: \_\_\_\_\_

Person Reporting Incident: \_\_\_\_\_  
Was patient/responsible individual advised that an affidavit may be filed with the Police  Yes  No

### PATIENT DATA

Patient's Name	Patient's Address	Phone No.	Age
_____	_____	_____	_____
Parent/Guardian Name	Parent/Guardian Address	Phone No.	
_____	_____	_____	

### BITE INFORMATION

How Bite Occurred:  Provoked  Unprovoked  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location Where Incident Occurred: \_\_\_\_\_

### WOUND INFORMATION

Description of Wound: \_\_\_\_\_  
Location of Wound:  Head  Face  Neck  Arm  Hand  Thigh  Foreleg  Back  Foot  Other: \_\_\_\_\_  
Treatment: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Attending Physician / PA: \_\_\_\_\_

### ANIMAL DATA

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ SEX:  M  F  
Is Animal:  Alive  Dead  Pet  Stray  Wild  
Name of Animal Owner or Where Animal Can Be Found: \_\_\_\_\_

Name	Address	City	Phone No.
Rabies Tag:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____	
License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____	

### HEALTH DEPARTMENT NOTIFIED

E-Mail	Phone	Cell	Dispatch
Pondera County Sanitarian <input type="checkbox"/> <a href="mailto:sanitarian@ponderaco">sanitarian@ponderaco</a>	<input type="checkbox"/> 271-3247	<input type="checkbox"/> 450-5041	<input type="checkbox"/> 271-4060
Corrine Rose	<input type="checkbox"/> 469-2277-home	<input type="checkbox"/> Fax: 271-3248	

Date and Time Notified: \_\_\_\_\_ *This is required by Montana State Law*

Or - Public Health Nurse, Nicki Sullivan, can be reached at 271-3247 or 788-0546

### HEALTH AUTHORITY USE

Was the Animal Quarantined:  Yes  No Location: \_\_\_\_\_  
Dates of Confinement: Started: \_\_\_\_\_ Completed: \_\_\_\_\_  
Final Disposition: \_\_\_\_\_  
Comments: \_\_\_\_\_