

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



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

Updated: October 2021

115 4<sup>th</sup> St South, Great Falls, MT 59401

# Animal Bite Form

## I. Victim Information:

CCHD Case #: \_\_\_\_\_

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 Circle one: 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 No, 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): \_\_\_\_\_