



Lincoln County Health Department
 607 North Sales Street, Suite 101
 Merrill, WI 54452
 (715) 536-0307 fax (715) 536-2011

Animal Bite Report

Patient Information

Date of Bite: _____ Date of Report: _____

Location of Incident: _____

Name of person exposed: _____ Age/DOB: _____

Parent/Guardian/Spouse: _____

Address: _____ Phone: _____

Nature of exposure and site of bite: _____

_____ Animal provoked _____ Animal unprovoked

Attending Physician: _____ Phone: _____

Address of Clinic/Hospital: _____

Name & Title of person completing report: _____

Animal Information

Suspected Animal: Type: _____ Name: _____

Breed: _____ Color: _____

Current status: _____ Alive, healthy _____ Killed _____ Unknown _____ Died

Current rabies vaccinated _____ yes _____ no Date vaccinated: _____

Name of Animal Owner: _____

Address: _____ Phone: _____

Name of Veterinarian/Clinic: _____ Phone: _____

Additional Information: _____

Please fax Animal Bite Report to Lincoln County Health Department 715-536-2011.

Date that bite incident was referred to:

City of Merrill Police Department _____

City of Tomahawk Police Department _____

Lincoln County Sheriff's Department _____

Other (name & date) _____

Date animal was quarantined (within 24 hours after bite) at:

Owner's home, only allowed for vaccinated animals _____

Veterinary Clinic, unvaccinated animals _____

Other Isolation facility (name) _____

Last day of 10 day quarantine _____

Date veterinarian's certificate of vaccination was received: _____

Copy attached.

Date that person exposed was notified of results: _____

Information on Submission of Rabies Specimen to State Lab

Date that veterinary clinic received approval from health department for fee exempt testing of specimen for rabies:

Date that specimen was submitted to WI State Lab: _____

Date that report was received: _____

Date that person exposed was notified of results: _____

Signature _____

Title _____

Date Completed _____