



BUNCOMBE COUNTY HEALTH AND HUMAN SERVICES

Stoney Blevins
Health and Human Services Director

ANIMAL BITE REPORT FORM

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

Date Reported: _____ Reported by:(name of clinic/hospital) _____
Name of Medical Provider: _____ Contact Phone #: _____

I. VICTIM INFORMATION			
Victim's Name: (last, first)	DOB:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: (City/State/Zip)			
Phone #(s): Home: _____ Work /Cell: _____		Name of Parent/Guardian (If victim under 18 years old)	
Tdap Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date Administered:	
II. BITE INFORMATION			
Date of Bite:	Skin Broken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred to Mission Hospital for PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Animal Control notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who did you notify? <input type="checkbox"/> Asheville Police Department <input type="checkbox"/> Buncombe County Sheriff Department		
III. ANIMAL INFORMATION			
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Skunk <input type="checkbox"/> Fox <input type="checkbox"/> Raccoon <input type="checkbox"/> Coyote <input type="checkbox"/> Other (type of animal): _____			
Stray? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	
A copy of ALL reports must be sent to:		Buncombe County Department of Health Attn: Disease Control Division Phone: (828) 250-5109 Fax: (828) 250-6169	

P.O. Box 7408, Asheville, NC 28802
(828) 250-5500

buncombecounty.org/hhs

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