Pennsylvania Department of Health

ANIMAL BITE REPORT

Confidential

SHC/HD: _____
SHC/HD Fax: _____
Date Rec'd by SHC/HD: _____
Date Sent to Dog Warden: _____

Form must be completed by the provider and faxed to the appropriate State Health Center (SHC)/local health department (HD) within 24 hours. For in state victims, fax to the victim's home county. For out of state victims, fax to the treatment facility's county. Fax numbers can be found here: www.health.pa.gov.

VICTIM INFORMATION

Last name _____ First name _____ M.I. _____

Date of birth _____ If minor, parent name _____

Street address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email address _____

Victim address for next 10 days, if different from above _____

OWNER INFORMATION, if known and different than victim. If same as Victim, select: ☐

Last name _____ First name _____ M.I. _____

Street address _____

City _____ State _____ Zip _____ County _____

Phone _____ Email address _____

Owner address for next 10 days, if different from above _____

ANIMAL INFORMATION

Type: ☐ Dog ☐ Cat ☐ Other: _____ Status: ☐ Pet ☐ Stray ☐ Wild Sex: ☐ Male ☐ Female

Breed _____ Color _____ Age _____

Vaccinated: ☐ Yes ☐ No ☐ Unknown Date of Last Rabies Vaccine: _____

Veterinarian: _____
Name Address Phone

INCIDENT INFORMATION

Incident date: _____ Incident type: ☐ Bite ☐ Scratch ☐ Other: _____ Part of body: _____

Incident location: ☐ Owner's home ☐ Victim's home ☐ Other: _____

What caused the incident? Describe circumstances: _____

_____

_____

Pursuant to 3 P.S. § 459-505-A, "all known incidents of dog attacks shall be reported to the State dog warden, who shall investigate each incident and notify the Pennsylvania Department of Agriculture if a dog has been determined to be dangerous." The Pennsylvania Department of Health is mandated to share the above information with the State dog warden when a dog bite attack is reported.

TREATMENT INFORMATION - Not shared with State dog warden/Department of Agriculture.

Treatment date: _____ Type of wound: ☐ Superficial ☐ Deep ☐ Other: _____

Treatment: ☐ Cleansed ☐ Antibiotic ☐ Tetanus ☐ HRIG site*: _____ ☐ HDCV/PCEV (vaccine) site^: _____

*HRIG - infiltrate wound(s) with full dose, if possible, inject remaining volume in a site distant from vaccine (NO GLUTEUS).
^HDCV/PCEV - use deltoid, or thigh in children (NO GLUTEUS)

Treatment Provider: _____
Provider Name Facility Phone

Form Completed by: _____
Name Phone Number Date

Revised 10.28.24