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Health 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
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Address: (City/State/Zip)

Phone #(s): Home: _____ Work/Cell: _____	Name of Parent/Guardian (If victim under 18 years old)
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**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
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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
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**III. ANIMAL INFORMATION**

Species:  Dog  Cat  Bat  Skunk  Raccoon  Coyote  
 Other (type of animal): \_\_\_\_\_

Stray?  Yes  No

**IV. WHERE TO REPORT**

If bite occurred <b>INSIDE</b> Asheville City Limits contact:	Asheville Police Department Animal Control (828) 252-1110
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If bite occurred <b>OUTSIDE</b> Asheville City Limits contact:	Buncombe County Sheriff Dept. Animal Control (828) 250-6670
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<b>A copy of ALL reports must be sent to:</b>	<b>Buncombe County Department of Health Attn: Disease Control Division Phone: (828) 250-5109 Fax: (828) 250-6169</b>
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