

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

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