NIAGARA COUNTY DEPARTMENT OF HEALTH ANIMAL BITE/SCRATCH REPORT

(please complete highlighted areas)

DATE OF NOTIFICATION (office use)	REPORTED BY	INFO. REC'D BY (TELE, FAX, PERSON)	TOWNSHIP	E-HIPS NUMBER	CARD

CONFINEMENT INFORMATION (office use only)

PERSON CONTACTED ☐IN PERSON ☐PHONE DATE		
LOCATION OF CONFINEMENT		
TYPE OF LETTER SENT: ☐Vacc. ☐Vacc. (No Contact) ☐ Unvacc. (Contact) ☐Unvacc. (No Contact) ☐Victim ☐Victim OK ☐Stray	**Confinement Clear Date**	**Date Referred to Nursing**

INSURANCE INFORMATION

INSURANCE	CONTRACT ID #
SUBSCRIBER NAME	SUBSCRIBER SOCIAL SECURITY NUMBER

PERSON BITTEN/SCRATCHED

NAME	D.O.B.	IF CHILD, PARENTS NAME
ADDRESS APT./LOT #		PHONE NUMBER
CITY/TOWN/VILLAGE STATE ZIP CODE		

BITE/SCRATCH INFORMATION

DATE OF BITE/SCRATCH	INCIDENT LOCATION (CITY/TOWN/VILLAGE)	
SKIN BROKEN	BITE/SCRATCH LOCATION (BODY PART)	NAME OF TREATING MEDICAL FACILITY
HOW BITE OCCURRED		

OWNER INFORMATION

NAME	PHONE NUMBER
ADDRESS APT./LOT #	
CITY/TOWN/VILLAGE STATE ZIP CODE	

ANIMAL INFORMATION

SPECIES OF ANIMAL	BREED	SIZE	AGE
ANIMAL'S NAME	DESCRIPTION OF ANIMAL		

HAS ANIMAL BITTEN BEFORE?	DATE RABIES VACCINATED	DATE VACC. EXPIRES	VETERINARIAN WHO GAVE SHOT

REPORTING INFORMATION (office use only)

DATE	TIME	REPORT OF INVESTIGATION

OFFICE USE ONLY

NO VACCINATION ☐	NO CONFINEMENT ☐	ABATED ☐	INSPECTOR SIGNATURE

Revised 4/22/19

Please fax or email(preferred) completed form to: (716) 439-7427 rabies@niagaracounty.gov