

Pondera County Animal Bite Report Form

Reporting Agency: PMC ER PMC Clinic Sheriff's Office Conrad Police Vet

Date of Report: _____ Completed By: _____

Person Reporting Incident: _____

Was patient/responsible individual advised that an affidavit may be filed with the Police Yes No

PATIENT DATA

Patient's Name _____ Patient's Address _____ Phone No. _____ Age _____
Parent/Guardian Name _____ Parent/Guardian Address _____ Phone No. _____

BITE INFORMATION

How Bite Occurred: Provoked Unprovoked Date _____ Time _____

Location Where Incident Occurred: _____

WOUND INFORMATION

Description of Wound _____

Location of Wound Head Face Neck Arm Hand
 Thigh Foreleg Back Foot Other: _____
Allergies _____

Treatment _____ Attending Physician / PA _____

ANIMAL DATA

Species _____ Breed _____ Age _____ Color _____ SEX M F

Is Animal Alive Dead Pet Stray Wild

Name of Animal Owner or Where Animal Can Be Found: _____

Name _____ Address _____ City _____ Phone No. _____

Rabies Tag: Yes No Year _____

License Yes No Year _____

HEALTH DEPARTMENT NOTIFIED

Pondera Co. Sanitarian E-Mail sanitarian@ponderacounty.org Phone 271-4020 Cell 406-450-5041 Dispatch 271-4060

This is required by Montana State Law

Date and Time Notified: _____

Or - Public Health Nurse can be reached at 271-3247 or 788-0546

HEALTH AUTHORITY USE

Was the Animal Quarantined Yes No Location _____

Dates of Confinement: Started: _____ Completed: _____

Final Disposition: _____

Comments: _____

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