



PROCEDURE FOR REPORTING ANIMAL BITES

Under *KRS 258.065* all incidents involving person(s) bitten by animals must be reported to the Health Department within twelve (12) hours after the physician's first attendance. The information that is to be reported is at the bottom of this page and in the adjacent column. If the person bitten does not know the name and address of the animal owner, you may instruct them to find out and call the Health Department with the information at (859) 231-9791 from 8 a.m. to 4:30 p.m. Monday through Friday.

Do not mail this form to the Health Department; fax the information as soon as possible to (859) 231-9459. If you are unable to fax the report, call the Health Department at (859) 231-9791 from 8 a.m. to 4:30 p.m. Monday through Friday, except holidays.

ANIMAL BITE INFORMATION

DATE OF BITE:
CIRCUMSTANCES OF BITE:
PART OF BODY BITTEN:
Attending Physician's Name:
Reported by: <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other

If unable to FAX: HEALTH DEPARTMENT CALLED ON _____ DATE	<input type="checkbox"/> AM
	<input type="checkbox"/> PM

PERSON BITTEN: NAME: _____ AGE: _____ PARENT'S NAME (IF A CHILD) NAME: _____ ADDRESS: _____ _____ DAY TELEPHONE NO. () _____
ANIMAL OWNER: NAME: _____ ADDRESS: _____ _____ DAY TELEPHONE: () _____
ANIMAL DESCRIPTION: TYPE: _____ BREED: _____ SIZE: _____ COLOR: _____ SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE ANIMAL'S NAME: _____
STRAY ANIMAL <input type="checkbox"/> COMMENTS: _____ _____ _____