

ANIMAL TO HUMAN BITE FORM

Date of Report _____ Date of Bite _____ Received by _____ Information provided by _____
Address _____ Phone _____ Cell # _____ Work # _____

PERSON BITTEN

Name _____ Address _____ Phone # _____ Work # _____ Cell # _____
Location of bite on body _____ Date of Bite _____ Time of Bite _____
Place Biting incident occurred and circumstances of incident _____

MEDICAL PROVIDER

Name _____ Address _____
Phone _____ Date _____ Refused medical treatment _____

BITING ANIMAL INFORMATION

Dog _____ Cat _____ Bat _____ Raccoon _____ Stray _____ Other _____ Vaccination Date _____
Animal Owner's Name _____ Address _____
Phone # _____ Cell # _____ Work # _____ Owner advised to confine animal for 10 days: Yes _____ No _____ License # _____ Was animal running at large? _____ Biting History: _____ # of Incidents _____ Biting animal available for testing? _____ Date Sent _____
Specimen prepared by _____ Transported by _____ Lab results: Pos _____ Neg _____

NOTICE OF QUARANTINE

Under authority of New Jersey Revised Statutes 26:4-82, 26:4-85, you are hereby ordered to confine securely and to segregate the animal identified above in a building or pen or other enclosure, separate and apart from human beings and animals until the release provided herein is signed by an agent of this board or department.

QUARANTINE BY THE BOARD OF HEALTH

RELEASED BY

Public Health Official

Date

Public Health Official

Date

NOTIFICATION

Within 12 hours of exposure, notify the Board of Health where the patient resides. Date _____ By _____
Board of Health Telephone Directory for phone or fax www.state.nj.us/health/directory/lhdselectcounty.com
Within 12 hours of exposure, notify the Board or Department of Health where the biting animal owner resides If post exposure rabies prophylaxis is required, send completed report to the NJDHSS

(If applicable) I hereby swear or affirm that the information submitted by me in this report is true and correct to the best of my knowledge. Print Name, Sign and Date: _____

