

**Borough of Paramus**  
**Department of Health and Human Services**  
**1 Jockish Sqaure**  
**Paramus, New Jersey 07652 Tel:**  
**201-265-2100 Ext: 2300**  
**Fax: 201-225-9014**  
**Email: Health@paramusborough.org**

**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](http://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: \_\_\_\_\_

**ANIMAL TO ANIMAL BITE FORM**

Date of Report \_\_\_\_\_ Date of bite \_\_\_\_\_ Received by \_\_\_\_\_  
Information provided by \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**ANIMAL BITTEN**

Owner's Name \_\_\_\_\_ Species \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_  
Vaccination Status: Current \_\_\_\_\_ Non-Vaccinated \_\_\_\_\_ Most recent vaccination \_\_\_\_\_  
Owner's Address \_\_\_\_\_ Name of Animal \_\_\_\_\_ Phone # \_\_\_\_\_  
Cell# \_\_\_\_\_ Work # \_\_\_\_\_ Time of Bite \_\_\_\_\_  
Location of bite on animal \_\_\_\_\_ Location (Street) \_\_\_\_\_

**TREATING VETERINARIAN**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_ Date \_\_\_\_\_

**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? \_\_\_\_\_  
Name of Animal \_\_\_\_\_ 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

Pet that is known or suspected to have been bitten by a known or suspected rabid animal:  
Currently Vaccinated (45 day confinement) \_\_\_\_\_  
Not Currently Vaccinated (6 month confinement or euthanasia) \_\_\_\_\_

**NOTIFICATION**

Within 12 hours of exposure, notify the BOH where the biting animal resides. Date: \_\_\_\_\_ Notified  
by \_\_\_\_\_ (see BOH Telephone Directory for phone # or fax #)  
[www.state.nj.us/health/directory/ldhselectcounty.com](http://www.state.nj.us/health/directory/ldhselectcounty.com) . Within 12 hours of exposure, notify the BOH 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: \_\_\_\_\_