

**Official Indiana Animal Bites Report**  
 Indiana State Department of Health  
 State Form 14072 (R3/4-04)

Reporting Agency Case Number \_\_\_\_\_

Incident Location Address \_\_\_\_\_

Reported by (name) \_\_\_\_\_

Reporting Agency \_\_\_\_\_

County \_\_\_\_\_

Reported by (phone) \_\_\_\_\_

Bite Classification      /      /      /       
 (see reverse side of this page to classify)

     /      /       
 Exposure Date

Received by (name) \_\_\_\_\_

Incident On Off Property

Victim Type (circle 2)  
 Human    Animal / Juvenile    Adult

Reported Date \_\_\_\_\_

Reported Time \_\_\_\_\_

Release Date \_\_\_\_\_

	VICTIM INFORMATION	OWNER INFORMATION	
<b>Victim</b>	<b>Person bitten (if animal victim, use this space for animal victim's owner):</b>		<b>Owner</b>
	Last Name _____		
	First Name _____		
	Date of Birth <u>    </u> / <u>    </u> / <u>    </u> Sex <input type="radio"/> M <input type="radio"/> F		
<b>Parent</b>	Street Address _____ City _____ Zip _____ Telephone Home: _____ Work: _____		<b>Animal</b>
	<b>Parent if victim is a juvenile:</b> Last _____ First _____ Mid. _____		
	Street Address _____ City _____ Zip _____ Telephone Home: _____ Work: _____		
	Biting Animal: Dog <input type="radio"/> Cat <input type="radio"/> Other <input type="radio"/> Color/Markings _____    Name _____    Sex <input type="radio"/> M <input type="radio"/> F		
<b>Animal</b>	<b>If animal victim:</b> Breed/Species _____ Color/Markings _____ Name _____ Sex <input type="radio"/> M <input type="radio"/> F    Vaccine Date (rabies) _____		<b>Quarantine</b>
	Location of Quarantine _____		
	Date of Quarantine _____ Quarantined by (name) _____ Release Date _____		
	Released from Quarantine by (name): _____ Owner release card (date received): _____ Released from shelter quarantine (date): _____ Lab #/Result: _____		
<b>Incident &amp; Circumstances</b>	(if animal victim) Quarantined? Yes <input type="radio"/> No <input type="radio"/> Time of bite _____    Treating Physician (or veterinarian) Name: _____ Telephone: _____		<b>Incident</b>
	<b>Location on Body and Extent of Injury:</b> _____		
<b>Victim's statement of incident (animal owner if animal victim):</b> _____ _____		<b>Animal owner's statement of incident:</b> _____ _____	

**State Department of Health required information (must be completed):**

- Species (fill in the correct biting species):**
- |                                |                              |                               |                                |
|--------------------------------|------------------------------|-------------------------------|--------------------------------|
| <input type="radio"/> Bat      | <input type="radio"/> Dog    | <input type="radio"/> Hamster | <input type="radio"/> Raccoon  |
| <input type="radio"/> Cattle   | <input type="radio"/> Ferret | <input type="radio"/> Horse   | <input type="radio"/> Rat      |
| <input type="radio"/> Cat      | <input type="radio"/> Fox    | <input type="radio"/> Mouse   | <input type="radio"/> Squirrel |
| <input type="radio"/> Chipmunk | <input type="radio"/> Gerbil | <input type="radio"/> Rabbit  | <input type="radio"/> Other    |

\_\_\_\_\_ If Other, specify

**Did the animal exhibit any of the following:**

- Convulsions     Aggression     Inability to eat/drink  
 Excessive salivation     Paralysis     Depression

**Circumstances:**

- Animal confined (indoors, penned, tethered, or on leash)  
 Animal not confined (stray, roaming, etc.)  
 Wild Animal     Provoked     Unprovoked  
 Unknown     Other

**Action taken with animal:**

- No Action     Body destroyed  
 Escaped/not found     Head sent to ISDH Lab  
 Pet quarantined (see dates above) (dog, cat, ferret only)     Other  
 Unknown

I, the undersigned, have received a copy of the quarantine guidelines, have read them, and understand them. I agree to comply with all provisions of the quarantine guidelines and understand that noncompliance may result in seizure of my pet if it is in home quarantine or loss of my pet if it is not properly claimed at the end of the quarantine period from the quarantining agency.

Witness \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

### Animal Bite Classification System – Proper Use

Bites are classified alphanumerically. The alpha designation indicates the victim, geographic location, and if the animal has bitten previously. The numeric designation indicates severity with (1) the least severe and (5) the most severe.

<u>Section I – Victim</u>	<u>Section II – Confined/Stray</u>	<u>Section III – Repeat Biter</u>	<u>Section IV – Bite Severity</u>
H = Human	C = Confined at the time of the bite	R = Repeat biter, previous information on file	1. Minor Scratch
D = Other animal (domestic)	S = Stray, roaming, off property, or not legally restrained	O = No previous bites	2. Minor, punctures 4 or less
W = Other animal			3. Moderate, punctures
			4. Severe, punctures (4 or more) deep may include crushing or tears from shaking
			5. Death

Example: H/C/R/3 = A bite to a human; the animal was legally confined at the time of the bite; the animal has bitten previously, and this is a bite of moderate severity.

### Initial Owner/Victim Contact – Action for Quarantine

Location: \_\_\_\_\_ Description: \_\_\_\_\_

<u>Date:</u>	<u>Officer:</u>	<u>Results:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Failed Quarantine (indicate reason):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Victim contacted on the 10<sup>th</sup> day:

Date: \_\_\_\_\_

Agent contacting victim: \_\_\_\_\_

Individual spoke with: \_\_\_\_\_

\_\_\_\_\_

Reserved space for office use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## QUARANTINE GUIDELINES AND INFORMATION

**If your animal has been quarantined at a shelter or local veterinarian, the required date to pick up the pet is \_\_\_\_\_.** If you do not reclaim your pet from (or make arrangements with) the quarantining agency by the end of the business day of the date entered above, and pay appropriate fees at the time of reclaim, the animal will become the property of the agency at that time. The disposition of the animal may be determined at that time by the quarantining agency.

### INSTRUCTIONS FOR A HOME QUARANTINE (Location of quarantine is at the discretion of the quarantining agency.)

1. Facility used for confinement shall ensure an escape-proof environment subject to unannounced periodic spot checks by the animal control officer or local health officer. The animal shall be confined inside a structure, not on a chain or in a fenced yard. Diagrams for the construction of cat and dog isolation cages are available if such is recommended by the animal control officer or local health officer.
2. The animal shall not leave the quarantine premises for any reason. The animal shall not have contact with humans or other animals for the 10-day period, with the exception of the primary caretaker.
3. At the first sign of illness in the animal, the owner shall notify the quarantining agency. Symptoms to watch for include fever, loss of appetite, excessive irritability, unusual vocalization, change in behavior, restlessness, jumping at noises, trouble walking, excessive salivation, tremors, convulsions, paralysis, stupors, or unprovoked aggression.
4. At the end of the 10-day quarantine period, the owner is responsible for contacting the quarantining agency to report the health status of the animal.
5. If these guidelines cannot be met or are violated at any time during the quarantine, the animal will be seized and the 10-day quarantine will be completed at the department of animal control shelter or a facility designated by the local health officer.
6. **When a pet has been exposed to rabies and it is not vaccinated, euthanasia is recommended. Alternatively, the owner has the option of arranging for a six-month quarantine at the owner's expense. This is due to the special public health risks associated with these animals (i.e., those potentially incubating rabies) and the need to prevent human and other animal exposures from occurring should rabies symptoms develop.**

### MEDICAL INFORMATION FOR VICTIMS AND PET OWNERS

Questions regarding medical treatment and advice should be directed to your family physician. Concerns regarding tetanus toxoid and/or rabies prophylaxis may be addressed by your physician or the local health officer. If your pet has been injured by another animal, contact your veterinarian for appropriate treatment.