



ANIMAL BITE REPORT

Please report all animal bites and scratches to the Franklin County Public Health Center- **ASAP.**

FAX: 502-564-7647

Phone: 502-564-7382

Victim information:

Name _____

Address _____

City, State, Zip _____

Phone # _____

Age: _____

Parents name (if a minor): _____

Date of Bite: _____

Address where bite occurred:

Location of bite on the body: _____

Description of Animal:

Check: **Dog** **Cat** **Other** Breed: _____ Size: _____

Color: _____ Sex: _____ Name of animal: _____

Does the animal have a current rabies vaccination shot? _____

Tag #: _____ Date of shot: _____

Veterinarian: _____

Owner Info:

Name _____

Address _____

City, State, Zip _____

Phone # _____

Person/Agency reporting: _____

Physician: _____

Additional Comments:

This fax is MEDICAL CONFIDENTIAL. The "patient health information" contained in this fax shall not be used or disclosed for purposes other than treatment, payment or health operations. Unauthorized use or disclosure can result in civil and/or federal criminal penalties as stated in the Health Insurance Portability and Accountability Act, Privacy Rule; 45 CFR Part 160 and 164.

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If not received correctly call: _____ at (502) 564-7647.



www.FCHD.org | 502-564-7647