



HEALTH Department

Allegan County Health Department
3255 122nd Avenue, Suite 200
Allegan, MI 49010
Phone: (269) 673-5411
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HEALTHCARE PROVIDER ANIMAL BITE REPORTING FORM

Attention Healthcare Providers: Please complete this form and fax it to Allegan County Health Department and Allegan County Animal Control within 24 hours of the incident. This report should be filled out for incident victims residing in Allegan County or exposed in Allegan County. If the person does not live in Allegan County, please send completed form the Local Health Department where the victim resides.

Section 1: INFORMATION ON PERSON BITTEN OR POTENTIALLY EXPOSED TO RABIES

Date and Time When Bite/Incident Occurred: _____

Name of Exposed Person: _____

Gender: _____ Birth Date: _____ Phone #: _____

Name of Parent/Guardian (if applicable): _____

Exposed person address: _____

City: _____ State: _____ Zip Code: _____

Section 2: INFORMATION ON THE BITING/ATTACKING ANIMAL IF KNOWN

Type of Animal: _____ Is animal a pet, stray or wild? _____

Is the pet vaccinated, if known? _____

Current location of pet: At large ___ With Owner ___ Other Address _____

Name of Animal Owner: _____

Address of Animal Owner: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Location of Bite/Exposure: _____

Description of Incident: _____

Veterinarian Name: _____ Phone Number: _____

Section 3: MEDICAL INFORMATION

Hospital/Facility Where Treated: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check all that apply:

- Wound Cleansed With Soap & Water
- Disinfectant Applied
- Infection Risk Discussed
- Tetanus Immunization Status Reviewed
- Antibiotic Prophylaxis Recommended

Additional Treatment Needed? _____ If so, what? _____

* **Was Rabies PEP Given or Recommended?** _____ If yes, date given: _____

Was a plan for completion of Rabies Vaccine series provided to the patient? _____

*Rabies has been transmitted to humans from bats even when no bite was apparent. A person should be started on rabies post exposure treatment if one of the following occurs: a bat is found in the room of an unattended child, intoxicated, mentally challenged or sleeping individual and the bat is not available for testing, or a bat comes in physical contact with a person and is not available for testing.

PLEASE FAX THIS REPORT FORM TO BOTH:

**ALLEGAN COUNTY HEALTH DEPARTMENT at 269-673-2163
ALLEGAN COUNTY ANIMAL CONTROL at 269-686-4681**

See 2024 Reportable Diseases in Michigan & Directory of Health Departments
[Directory of Michigan Health Departments](#)