Date: _____

Animal Bite Investigation Form

Client Information **⇒format all dates as: year/month/day (yyyy/mm/dd)**

Victim's Name:	☐☐ Male	DOB : _____ / ___ / ____
PHN:	☐☐ Female	Age: _____
Parent/Guardian (if victim is a minor):		Phone Number H:_____ W: _____
Mailing Address:	Postal Code:	First Nation:
Attending Physician or Primary Care Nurse:	Attending Physician/Nurse Phone #:	Date first attended by Physician:_____ / ___ / ___
Previously immunized for Rabies: Yes ☐☐ Unknown☐ ☐ No☐ ☐	If yes, date rabies immunization completed: _____ / ___ / ___	
Primary Tetanus Series completed : Yes ☐☐ No☐	Date of last Tetanus Vaccine : _____/____/_____/	

Incident & Initial Assessment

Date of Exposure: _____ / ___ / _____ Unique Animal ID Number: _____

Place of Exposure: Name of town/city/ (if within city limits)-_____ **OR**

RM (rural): _____ **OR** First Nations Community: _____

Type of Exposure[1]: Bite ☐ Puncture wound ☐ Scratch ☐☐ Saliva on intact skin ☐☐ Saliva on existing lesion ☐☐ Saliva on mucous membranes ☐☐ Occupational - Bite ☐☐ Occupational - Scratch ☐☐ Occupational - Saliva on intact skin ☐☐

Occupational - Saliva on existing lesion ☐☐ Occupational - Saliva on mucous membranes ☐☐

No known contact ☐☐ Other ☐ , specify _____

Type of attack: Provoked ☐☐ Unprovoked ☐☐ Unknown ☐

Wound Location: Head/Neck ☐ Face☐ Arm ☐ Hand/Finger ☐ ☐ Torso☐ ☐ Leg☐ ☐ Foot/Toe ☐ ☐ Mucosa ☐ ☐

Unknown ☐ ☐ Other ☐ ☐, specify _____

Animal Species: Dog ☐ ☐ Cat ☐ ☐ Bat ☐ ☐ Cow ☐ ☐ Horse ☐ ☐ Skunk ☐ ☐ Racoon ☐ ☐ Hog ☐ ☐ Fox ☐ ☐

Other ☐ ☐, specify _____

Animal Type: Pet (indoor) ☐ Pet(outdoor) ☐ Pet(Indoor/Outdoor) ☐ Outdoor Farm Animal ☐ Wild ☐ Stray ☐ ☐ Unknown ☐☐

Animal Description (size//breed/color): _____Male ☐ Female ☐ Animal Spayed /Neutered No ☐ Yes ☐

Animal healthy at time of incident: Yes ☐☐ Unknown ☐☐ No ☐

Symptoms: _____

History of Incident/Exposure:

[1] Occupational exposures are when the person is exposed through performing job duties (i.e. a mail carrier bitten would not be an occupational exposure, however a veterinarian handing a sick animal would be).

Animal Vaccinated: No ☐☐ Unknown ☐☐ Yes ☐, please provide details/dates:

Veterinarian: Vet Phone number:

Owner Name: Address: Home Phone #

Work Phone#

Animal Observation	Date	Inspected by:	Observation comments
First Inspection on Day 1			
Second Inspection on Day 5 (in case where bite to head region)			
Last inspection on day 10[2]			

Animal Retention Result: Became Ill ☐☐ Released ☐☐ Natural Death ☐ Destroyed ☐☐ Escaped ☐☐

Brain Sent for Testing? Yes ☐☐ Date sent: ___ ___ / ___ / ___ No ☐☐ Why not? _____

Primary Lab Results: Positive ☐ Negative ☐ Final Lab Results: Positive ☐ Negative ☐

Tetanus Recommendation: Indicated? Yes ☐☐ No ☐ ☐

Administered? Yes ☐☐ Date: _____ / ___ / ___ No ☐ Why not?

Rabies Immune Globulin & HDCV Recommendation:

Recommended ☐☐ Not recommended ☐☐ Unknown at this time ☐☐ if recommended, complete immunization record (below)

Date received: _____ / ___ / ____ Date MHO Review: _____ / ___ / ____ Date sent to CFIA: _____ / ___ / ____

Immunization Information

RIG Dosage: Weight in kg = _____ × 20 IU / kg = _____IU (2 mL vial contains 300 IU = 150 IU/mL) = _____mL

Date: _____ / ___ / ___ Site(s)/Amount (ml) _____ Administered by: _____

Vaccine (HDCV): Lot #/Expiry Date	Series	Date	Administered by
	1st Dose	_____ / ___ / ___	_____
	Day 3	_____ / ___ / ___	_____
	Day 7	_____ / ___ / ___	_____
	Day 14	_____ / ___ / ___	_____
	Day 28[3]	_____ / ___ / ___	_____

If series not completed, why not?

☐ Animal well after observation period

☐ Animal results negative

☐ Victim previously immunized

☐ Victim refused further doses

☐ Lost to follow-up

☐ Referred out of province

☐ Other _____

Remarks (e.g. vaccine reactions):

MHO or Designate Signature: Date:

Please return the completed form to Northern Inter Tribal Health Authority @ Fax: (306) 953 5020.

[2] Check on animal condition on day 9 and day 11 if day 10 falls on weekend or statutory holiday

[3] Only required for immunocompromised individuals