



PHYSICIAN REPORT OF ANIMAL BITE

Form is to be completed by the physician and returned to the Durham County Department of Public Health.

EMAIL OR FAX COMPLETED FORM TO:
Attention of: Immunization Clinic Nurse – Clinic 6
Durham County Department of Public Health
biteforms@dconc.gov
Phone: 919-560-7976
Fax: 919-560-7828

Under NC General Statute § 130A-196, a physician who attends a person bitten by an animal known to be a potential carrier of rabies (regardless of current vaccination status of the animal) shall report the incident within 24 hours to the local Health Director. This form has been prepared to assist you in making your report. All bites **must** also be reported to the Durham County Sheriff's Department, (919) 560-0900.

Name of victim: _____ DOB: _____ M F

Address: _____

Telephone: (H) _____ (CELL) _____

Date of bite: _____ Animal: Dog Cat Ferret Other _____

Injury site: _____

Description of injury: _____

Date of treatment: _____ Name of medical facility: _____

Tetanus vaccine administered: Y or N or UTD

Severity:

Minor, punctures (≤ 4) Moderate, punctures (4+) Severe, punctures deep, needing stitches

Treatment provided: _____

Name of physician: _____ Signature of physician: _____

Date: _____