

HUMAN BITE REPORT FORM
ANY HUMAN EXPOSURE TO A POTENTIALLY RABID ANIMAL
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT, MONTANA
COMMUNICABLE DISEASE PROGRAM – (406) 751-8110
Animal Control (406) 758-5610

FAX REPORT TO 1-866-856-1565

All fields are required to be completed

Completed by HealthCare Provider, Not Patient

Patient Information:

Patient's Name: _____ Age: _____ DOB: _____ Male Female

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____

Phone: _____ Parent/Guardian (if <18): _____

Bite/Exposure Information:

Date of Bite/Exposure: _____ Time: _____ AM PM (circle one)

Part of Body Bitten: _____ Skin Broken: Yes No

Treatment Given: Yes No _____ Date: _____

Physician: _____ Phone: _____

Name of Reporting Clinic/ED/Urgent Care: _____

Description of Animal: Dog Cat Other _____

Physical Address/Location of Incident: _____ City, State, Zip _____

How Bite/Exposure Occurred: _____

Animal Owner's Name: _____ **Phone:** _____

Owner's Physical Address: _____ City, State, Zip: _____

If report involves a **bat** or **wild animal** exposure/bite, please promptly notify
our Communicable Disease Program at (406) 751-8110