



Public Health
Prevent. Promote. Protect.

Lincoln County

Lincoln County Public Health
A division of Health and Human Services

Animal Bite Reporting Form

Oregon State Law requires that Animal Bites be reported within **One (1) Working Day**

- Report animal bites to the health department **in the county where the person lives.**
- If the person bitten lives in Lincoln County, fax the completed form to 541-265-4191.
- Please inform the person who was bitten that the Health Department will contact them.

About the Person Bitten

Name: _____ Date of Birth: _____
 Name of Parent/Guardian (if minor): _____
 Street Address: _____ Phone: _____
 City, State, Zip: _____ Home Work Cell

About the Incident

Date of Incident: _____ Time: _____ AM PM
 Address/Location: _____
 How did the incident occur: _____

Physical Location of Bite: _____

Medical Treatment

Treatment administered by: _____ At: _____
 Treatment: _____
 Wound cleaned with soap & water? Yes No Antibiotic prophylaxis? Yes No
 Victim cautioned about risk of infection? Yes No Tetanus immunization current? Yes No

About the Animal

Type of Animal: Dog Cat Other: _____ Age: _____ Sex: M F
 Description of Animal (name, breed, relevant history): _____

Relationship to person bitten:
Their own pet Stray pet Acquaintance's pet Stranger's pet Wild Unknown

Owner's Name: _____
 Street Address: _____ Phone: _____
 City, State, Zip: _____ Home Work Cell
 Current rabies vaccination? Yes No If yes, expiration date: _____
 Current location of animal: _____

Reporting Information

Date of Report: _____ Phone: _____
Home Work Cell
 Name of reporting person/agency: _____