

REPORT OF BITE BY A DOMESTIC ANIMAL

Pursuant to M.G.L. c.112 § 112z and 330 CMR 10.04, healthcare providers must report any bite by a domestic animal to a person within 24 hours, to the Animal Inspector of the city or town where the bite occurred. Reporting ensures that a 10-day quarantine, when appropriate, can be initiated promptly to prevent the need for rabies post-exposure prophylax

Facility Information				
Hospital/Clinic/Office				
Phone				
Person Bitten				
Name			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age
Address <i>Street/City/State/Zip</i>				
Phone	Home	Work	Cell	
Parent or Guardian				
Exposure				
Date of Exposure	Exposure Type	<input type="checkbox"/> Bite <input type="checkbox"/> Scratch contaminated with saliva		
Body Site (of wound)				
Animal Owner (if known)				
Name				
Address <i>Street/City/State/Zip</i>				
Phone	Home	Work	Cell	
Animal				
Species	<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> FERRET <input type="checkbox"/> OTHER _____			
Breed	Animal's Name			
Color/Description				
Rabies vaccinated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date	
Stray	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Current Location of Animal OR If Unknown, Where Animal Was Last Seen				