



Burlington County Health Department
Animal Bite Form



Date of Report ___/___/___ Reported by: _____ Phone (____) _____ - _____

Exposed Person

Name _____ Date of Birth ___/___/___ Age _____ yrs.

Gender [] M [] F Phone (____) _____ - _____

Address _____

Date of Bite ___/___/___ Time of Bite ____:____ AM PM

Part of Body Exposed _____ Town where incident occurred _____

Physician Consulted [] Yes [] No Name of Hospital or Physician _____

Treatment Provided: [] Antibiotic [] Tetanus [] PEP

Classification of Bite [] Unknown [] Unprovoked [] Provoked [] Sick [] Playful

Incident Description: _____

Information Provided by: _____

Animal Information

Type of animal: [] Dog [] Cat [] Bat [] Other _____ Breed _____ Color _____ Age _____ Name _____

Is animal licensed? [] Yes [] No [] Unknown [] N/A If yes, license number? _____

Rabies Vaccination History ___/___/___ Veterinarian _____

Owner's Name _____ Phone (____) _____ - _____

Owner's Address _____

Location of Animal (if different from owner) _____

Present status [] Confined/Quarantined [] At large [] Dead Date of Death ___/___/___

Symptoms of Animal (unusual activity) _____

All New Jersey Physicians are required to report animal bites to the local health officer or his/her designee within 12 hours of occurrence. Burlington County physicians are asked to please fax this form to the Health Department at (609) 265-3152. If you need further assistance please call (609) 265-5073 during business hours (8:00 AM-4:00 PM) or contact the Burlington County Communication Center at (609)-267-8300 during all other hours.

Disposition (for Health Dept use only)

[] No further action required [] Confinement required until ___/___/___

[] Lab exam required Date sent ___/___/___ Sent via _____

Lab Report: Date received ___/___/___ [] Positive [] Negative [] Unsatisfactory

Bite History [] Yes [] No Comments _____ Results provided to: [] Bite Victim [] Veterinarian [] Other

Completion Date _____ Completed by: _____