

**Saint Louis County Department of Public Health Animal Control**  
**Animal Bite / Injury Reporting Form**  
**Phone (314) 615-0650 Fax (314) 615-0651**

**THIS FORM IS ONLY TO BE COMPLETED BY A MEDICAL PROFESSIONAL, LAW ENFORCEMENT, OR ST. LOUIS COUNTY ANIMAL CONTROL EMPLOYEE**

BITE / EXPOSURE VICTIM INFORMATION										
VICTIM'S NAME			PARENT'S NAME, IF VICTIM IS A MINOR			NAME OF REPORTER				
VICTIM'S PHONE NUMBER (HOME)		(CELL)	(WORK)	PHONE NUMBER OF PERSON REPORTING INCIDENT						
VICTIM'S ADDRESS				CITY		COUNTY		STATE	ZIP	
VICTIM'S DATE OF BIRTH		AGE	SEX ASSIGNED AT BIRTH		GENDER		DATE OF BITE OR EXPOSURE		DATE REPORTED	
MEDICAL TREATMENT SOUGHT BY PATIENT										
TREATING PHYSICIAN'S NAME			HOSPITAL/URGENT CARE			PHONE NUMBER				
SELF TREATED? YES NO		DID PATIENT RECEIVE POST EXPOSURE PROPHYLAXIS (PEP)?		YES	NO	DATE ADMINISTERED:				
		DID PATIENT RECEIVE IMMUNE GLOBULIN (IG)?		YES	NO	DATE ADMINISTERED:				
CIRCUMSTANCES SURROUNDING INCIDENT—DESCRIBE IN DETAIL						DUNBAR BITE SCALE				
						LEVEL 1	AGGRESSIVE BUT NO SKIN CONTACT. NOT A BITE; NO NEED TO REPORT.			
						LEVEL 2	TEETH MAKE CONTACT, BUT DO NOT PUNCTURE (SKIN NICKS WITH SLIGHT BLEEDING)			
						LEVEL 3	SINGLE BITE WITH SHALLOW WOUNDS			
						LEVEL 4	SINGLE BITE WITH DEEP WOUNDS			
						LEVEL 5	MULTIPLE BITES WITH DEEP WOUNDS			
						LEVEL 6	DEATH OF THE VICTIM AND/OR FLESH CONSUMED			
DESCRIPTION OF WOUND—LOCATION ON BODY, SEVERITY, NUMBER, ETC.						INDICATE BITE LEVEL:  1 2 3 4 5 6				
ANIMAL INFORMATION, ANIMAL OWNER, AND VACCINATION HISTORY										
QUARANTINED AT: HOME / UNKNOWN / SHELTER—SPECIFY:						KENNEL #		TAG #		
ANIMAL OWNER'S NAME				OWNER'S TELEPHONE NUMBER						
OWNER'S ADDRESS				CITY		COUNTY		STATE	ZIP	
ANIMAL'S NAME				ANIMAL'S SEX: MALE (CHECK ONE) FEMALE		NEUTERED SPAYED		AGE		
SPECIES		BREED		MARKINGS						
VACCINATION DATE		RABIES LICENSE NUMBER		LICENSE TYPE: 1 YEAR ALTERED (CHECK ONE) 3 YEAR ALTERED		1 YEAR UNALTERED 3 YEAR UNALTERED				
NAME OF VACCINATING VETERINARIAN				TELEPHONE NUMBER OF VACCINATING VETERINARIAN						
FINAL DISPOSITION OF ANIMAL (TO BE FILLED OUT BY PUBLIC HEALTH DEPARTMENT STAFF)										
HEALTH AT BEGINNING OF QUARANTINE					HEALTH AT END OF QUARANTINE					
DATE QUARANTINE ENDS			QUARANTINE COMPLETED? (NO) (YES)			STRAY? (FOUND) OR (NOT FOUND)				
DATE RELEASED TO OWNER		DATE EUTHANIZED		DATE DIED			DATE SAMPLE SENT TO LAB			
SIGNATURE OF PERSON TO WHOM ANIMAL WAS RELEASED					SIGNATURE OF EMPLOYEE RELEASING ANIMAL					
DATE REPORT SENT TO CDP			OFFICER / CLERK NAME							
MISC INFORMATION										