Animal Bite Incident Report Form
Guthrie Co. Environmental Health Dept.  
200 N 5th St Courthouses  
Guthrie Center, IA  50115  
641-747-8320  
641-747-8916 (fax)  
email: envhlth@netins.net

Bite reported by: ______________________________________  Date reported: ______________
Address: ______________________________________ Phone: ______________
________________________________________ Date/Time of Bite: ______________

Person bitten: ______________________________________  Parent/Guardian if minor:
Address: ______________________________________
________________________________________
Phone: ______________  Phone: ______________

Description of bite:  
__________________________________________________________________________
__________________________________________________________________________

Owner of animal: ____________________________
Address: ____________________________
Phone: ______________________

Type / Description of animal:
__________________________________________________________________________
__________________________________________________________________________

Name of animal: ____________________________

Has animal been vaccinated:  yes  no  unknown
If vaccinated, date of last vaccination: _______________

Veterinarian who vaccinated:  ________________________
Address:  ________________________
Phone:  ______________________

Veterinarian where confined:  ________________________ Date confinement began: ____________
Address:  ________________________ Date can be released: ____________
Phone:  ______________________

Home confinement approved:  yes

If animal sacrificed, lab where tested:  ________________________ Date sent: _____________

Results of test:  positive  negative  inconclusive

Use reverse of page for notes on persons contacted, dates contacted, etc.