



We encourage you to complete this form online. Please visit https://www.in.gov/rabies/report-an-animal-bite.

INSTRUCTIONS: Use this form to report a person bitten by an animal or a person with other animal exposure.

Reporting animals bitten by other animals is not required, but if you would like to do so, call the Indiana State Board of Animal Health at 317-544-2400.

This form may be completed by the bitten or exposed person, their healthcare provider, or anyone with knowledge of the incident. Healthcare providers can satisfy state animal bite reporting requirements by ensuring that this form is completed during a patient visit.

This information will be kept confidential to the maximum extent possible by all applicable state and federal privacy laws. It will be shared with the local health department serving the bitten or exposed person's home address for the purpose of conducting public health activities.

Bitten or exposed persons are encouraged to file a separate report with the animal control or law enforcement agency serving the location where the incident occurred.

SECTION A	Today's date MM-DD-YYYY							
SECTION B Patient information This section is about the bitten or exposed person.	First name			Last name				
	Date of birth MM-DD-YYYY							
	Sex	☐ Female☐ Male☐ Unknown						
	Ethnicity	 ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown or prefer not to answer 						
	Race	☐ American Indian o ☐ Asian ☐ Black or African A ☐ Native Hawaiian o ☐ White		☐ Other: ☐ More than one of these ☐ Unknown ☐ Prefer not to answer				
	Street address							
	City			State		ZIP-code		
	County							
	Primary phone			Alternate phone				
	Parent/guardian (if applicable)							
SECTION C Incident information This section is about the bite or exposure incident.	Type of animal	☐ Bat ☐ Cat ☐ Chipmunk ☐ Cow or cattle ☐ Dog	☐ Ferret ☐ Fox ☐ Gerbil ☐ Hamster ☐ Horse	☐ Monkey ☐ Mouse ☐ Rabbit ☐ Raccoon ☐ Rat	☐ Skunk ☐ Squirrel ☐ Other: ☐ Unknown			
	Date of bite or exposure MM-DD-YYYY							
	Country where bite/exposure occurred		State where bite/exposure occurred		County where bite/exposure occurred			
	☐ United States ☐ Other: ☐ Unknown		☐ Indiana ☐ Other: ☐ Unknown		☐ County: ☐ Out of state ☐ Unknown			
	Which of these best describes the bite or exposure?		 □ Animal bite (multiple) □ Animal bite (single) □ Animal scratch or scratches □ Animal saliva or fluids in open wound □ Animal saliva or fluids in eyes, nose, or mouth □ Bat came in contact with bare skin □ Bat found in same room with sleeping/impaired person or unattended child □ Other: □ Unknown 					

SECTION C Incident information (continued). This section is about the bite or exposure incident.	Which part of the person's body was b	☐ Head/neck☐ Arm/hand☐ Trunk or torso		☐ Leg/foot ☐ No known contact ☐ Unknown				
	Was the person trying to feed or hand at the time of the bite or exposure?	☐ Yes ☐ No ☐ Unknown						
	What was the animal's state of health at the time of the bite or exposure?		□ Seemed healthy□ Did not seem healthy□ Dead□ Unknown					
	How was the animal behaving at the time of the bite or exposure?	☐ Seemed normal ☐ Did not seem normal ☐ Dead ☐ Unknown						
	Did the animal have any of the following at the time of the bite or exposure?	☐ Aggression ☐ Biting ☐ Drooling ☐ Paralysis	□ Lethargy □ Other: □ None of these □ Unknown					
	Could the animal (or its body) be easil for quarantine or rabies testing?	☐ Yes ☐ No ☐ Unknown						
SECTION D Treatment	Has the bitten or exposed person bee for this incident?	☐ Yes ☐ No ☐ Unknown						
information	Date of first rabies shot MM-DD-YYYY							
SECTION E Animal owner	☐ Yes Does the animal have an owner? ☐ No ☐ Unknown		the owner?		☐ Yes (Skip to the next section.) ☐ No ☐ Unknown			
information	Owner first name		Owner last name					
This section is about the owner of the animal associated with the bite or exposure. If this information is not available, leave this section blank.	Owner street address							
	Owner city		Owner state		Owner ZIP-code			
	Owner county							
	Owner primary phone	Owner alternate phone						
SECTION F Person reporting information This section is about you, the person filling out this form.	Are you the person who was bitten or	☐ Yes (Skip to the next section.) ☐ No						
	What is your relationship to the bitten or exposed person? ☐ Healthcare provider ☐ Veterinary provider ☐ Animal control or law ☐ Health department e			☐ Employer ☐ Family member ☐ Other: ☐ Unknown				
	Your first name	Your last name						
	Your office, agency, or organization							
	Your city	Your state		Your ZIP-code				
	Your primary phone		Your alternate phone					
	Additional comments							
SECTION G								