



Public Health Department

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Animal Control

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buttecounty.net/publichealth

BITE NO: _____

BUTTE COUNTY ANIMAL BITE REPORT

**FAX all bite incidents to the appropriate agency within 24 hours of report of bite.
Health Care Staff are REQUIRED TO COMPLETE THIS FORM (not the patient)**

Report Date: _____ Completed By: _____ Agency/Facility: _____

PERSON BITTEN (VICTIM/PATIENT):

Name: _____ Age: ___ yrs. Guardian (if minor): ___ Relationship: _____

Physical Address: _____

Mailing Address (if different): _____

Phone: (home) _____ (work) _____ (cell) _____

ANIMAL OWNER:

Name: _____ or (Circle): **UNKNOWN** or **SAME AS VICTIM**

Physical Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Victim's relationship with animal owner? (Circle): **NONE** **SAME** **OTHER** _____

DESCRIPTION OF ANIMAL:

DOG--CAT (circle one): **OWNED** **STRAY** Address/Location last seen? _____

OTHER (circle): **SKUNK** **RACCOON** **BAT** **OTHER** _____ Location last seen? _____

IF BAT: Did an adult wake to find a bat in the room? (Circle): **Y** **N** Did an adult witness the bat in a room? (Circle): **Y** **N**

Description of Animal:

Name: _____ Age: _____ Breed/Color: _____ (Circle): **M** **F** **S/N**

BITE DETAILS:

Date of Bite: _____ Time: _____ Location/Address where bite occurred: _____

Circumstances of bite: *How did the bite occur?*

Witness(es): _____ Contact Info: _____

MEDICAL FACILITY USE

ANATOMICAL LOCATION/DESCRIPTION OF WOUNDS:

MEDICAL TREATMENT:

Medical Treatment Received? (Circle) **Y** **N** If not, was victim advised to do so? (Circle) **Y** **N**

Treatment Provided (i.e. Suture, Wrap, Etc.):

ABX: **Y** **N** Pain Meds: **Y** **N** PEP Series: **Y** **N**

Treating Physician: _____ **Contact Info:** _____

**FAX NUMBERS: Butte County: Unincorporated Areas: 530-538-6329; City of Chico: 530-895-4639;
City of Oroville: 530-533-7684; City of Biggs/Gridley: 530-846-0411; City of Paradise 530-872-5911.**

Call 530-538-7409 with any questions.