



MADISON COUNTY DEPARTMENT of HEALTH

Working to build a healthy community

PO Box 605, Wampsville, NY 13163 ~ Phone (315) 366-2361 ~ Fax (315) 366-2566

Eric Faisst, Director of Public Health

Dr. John B. Endres, President of Board of Health

ANIMAL BITE REFERRAL FORM

Report received by _____ LOG # _____

Date of Referral: _____ by _____ of _____ Phone _____

Person Bitten: _____ Age: _____ Date of Bite _____

Name of Guardian: _____ Time of Bite _____

Address: _____ Phone _____

Where on Person Injured _____

Medical Treatment? Y/N Where: _____ Doctor: _____

Describe Injury: _____

Description of Animal: (Type) _____ (Name) _____

Rabies Vaccine: Y/N Date: _____ Years: 1 / 3 Rabies Tag/ID # _____

Owner's Name: _____ Phone: _____

Address: _____

Location of Occurrence: _____

Description of Incident: _____

INSTRUCTIONS: A healthy dog, cat or ferret that bites a person must be confined and observed for ten days; it is recommended that rabies vaccine not be administered during the observation period. After ten days, the local animal control officer may verify that the animal is alive, sign this bottom section and return this section to the local health department. IMMEDIATELY REPORT ANY SIGN OF ILLNESS OR RABIES OF THE ANIMAL TO THE MADISON COUNTY DEPARTMENT OF HEALTH AT (315) 366-2526.

CERTIFICATION LOG # _____ Animal Control Officer

I _____, Local Health Department/DCO _____ (print name) (Town, Village, City)

certify that this animal described above was: [] submitted for rabies testing on _____ (date)

[] alive as of _____ Signature: _____ (10 days)

