

Report of Animal Bite, Scratch or Contact

Please fax to Westchester County Department of Health 914-813-5160

Today's date: ___/___/___ Date of incident: ___/___/___

Type of incident (bite, scratch, contact): _____ Time of incident: _____

Incident address: _____

Street

City/Town

State/Zip Code

Professional Reporting Contact Information (required):

Healthcare Provider

Hospital

Doctor

Police

Name/Title _____

Employer/Hospital _____

Business Address (Street/City): _____

Phone number: _____ Cell phone number: _____

Email address: _____

Animal Description

Type (dog, include breed; cat, etc): _____ Pets name: _____

Color of Animal: _____ Age of Animal: _____ Sex (male/female): _____

Veterinarian name and phone number: _____

Relation to victim (own, neighbor or family member's pet, stray, etc): _____

Pet Owner Information

Name: _____

Address (Street/City): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Victim Information

Name: _____

Address (Street/City): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email Address: _____

D.O.B. ___/___/___ Age of victim: _____ Victim Sex (male/female): _____

Part of body injured: _____ Skin broken: _____(yes/no)

What was victim doing at the time?: _____

Parent's name and address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Private MD name and phone number: _____

Instructions for the completion of the “Animal Bite, Scratch, Contact” Form

This form is to be used by medical care personnel and police departments, to report an incident where a person is bitten, scratched or has high risk contact with an animal. All such incidents are required by law to be reported to the Westchester County Department of Health. This form is to be used for this purpose, except when the situation is considered high risk, i.e. wildlife, unprovoked bites, severe lacerations or puncture wounds, face (above the shoulder) bites, multiple bites to one person or other unusual circumstances.

In the case of high risk situations as described above, medical care personnel and police departments are to call the Westchester County Department of Health immediately (24 hours-a-day, 7 days-a-week) at 914-813-5000.

Please fax to 914-813-5160 or mail immediately to:

Complaint Bureau
Westchester County Department of Health
25 Moore Avenue, 2nd floor
Mt. Kisco, New York 10549

DEPARTMENT OF HEALTH