Animal Bite or Scratch Reporting Form

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| **Name of Person Bitten or Scratched** |
| **First Name** | **Last Name** | **DOB** | **Employee or Student ID** | **Date of Injury** |
| **Local Contact Information For Injured Person** |
| Phone Number | Cell Number | Address | Other Contact Information |
| City | State | Zip Code |
| UC Affiliation, Check the box to the left of your current status |
| UC Employee | UC Student | Volunteer | No Affiliation | Other |
| **Injury and Animal Information****Describe how the injury occurred including location and body part affected, enter information about the animal in the boxes below** |
|  |
| **Check box to the left to indicate the animals status** |
|  | **Research or Teaching** |  | **Pet** | **Feral** | **Wild** | **Unknown** |
| If a research or Teaching animal list Animals ID and PI | ID |  |
| PI |  |
| Type of animal (Species) | Breed | Sex Color Age |
| Is the animal vaccinated for rabies? Yes No Unknown | Vaccination Date and or Certificate Number if Known: |
| Is the Animal Licensed? Enter License Number if known: |
| **Did the animal appear ill or injured? Yes No** | **If Yes Describe Below:** |
|  |
| **Where is the animal now?** | **Please Provide the owners name address and phone number** |
|  |  |
| **Did you seek medical care?** | Yes | No | **Date Seen** | **Where were you** Occupational Health Davis**Seen?** Cowell Student Health |
| If yes fill in the providers information below |
| Name Credentials MD RN Other | Employee Health UCDMC Sutter Emergency UCDMC Emergency Other: Write in Below |
| Address |  | Telephone Number |
| City | State | Zip code |
| **Enter Name of Supervisor or other Person Submitting Report that****can be contacted regarding Injury and Follow Up** |  |
| Phone # |  | Cell # | Title |
| Mailing Address |  |

Check Box Next to the Steps Below to indicate the step has been completed, different persons may be completing the steps, this

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Notify Your Supervisor or Course Instructor or Principal Investigator Date: Notify Medical Care Provider Date:

Fax Report to County Yolo: 530‐668‐5288 Date: Fax Report to Attending Veterinarians Office for Research and Teaching Animals 530‐754‐4350 Date:

Fax Report to Occupational Health Services or

Student Health Services if you did not seek Medical Care

Initial here if you received rabies counseling and provide date received:

530‐752-5277

530-752‐2312

Date: