

## 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 (Reporting professional must complete)**

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 (Reporting professional must complete)**

Name: \_\_\_\_\_

Address (Street/City): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Victim Information (Reporting professional must complete)**

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 must be completed 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, 2<sup>nd</sup> floor  
Mt. Kisco, New York 10549

DEPARTMENT OF HEALTH