



Animal Bite Report Form

I. Victim Information: (Note - If an animal is the victim, please list owner information)

Name: _____ DOB: _____ Age: _____ M F
 Address: _____ City/State: _____ Zip Code: _____
 Telephone: _____ Name of Parent/Guardian if minor: _____

II. Incident Information

Date of Incident: _____ Time: _____ Location: _____
 Attacking Animal: Wild/Feral Species: Dog Skunk Raccoon Unknown
 Domestic Pet Cat Ferret Bat Other (specify): _____
 Type of Exposure: Bite Sprayed
 Scratch Unknown
 Provoked Saliva to mucous membrane Other: _____
 Unprovoked Potential exposure due to proximity (describe): _____

III. Animal Owner/Facility Information:

Name: _____ Telephone: _____
 Address: _____ City/State: _____ Zip Code: _____

IV. Animal Information:

Domestic Pet Pet(s) Name/Breed/Color: _____
 Stray/Feral Date of Last Rabies Vaccination: _____ Veterinarian Name: _____
 Rabies Certificate or Tag #: _____ * Please attach a copy of certificate if available
 Quarantine Site: Home Other site (specify location): _____
 Quarantine Dates: _____ through _____

V. Victim Medical Treatment:

Anti Rabies Treatment Started: YES NO
 Date of Treatment: _____ Facility/Physician: _____ Telephone: _____

Under Colorado Law 25-4-604, C.R.S. amended 1973; any dog, cat, or ferret involved in a human bite shall be quarantined for a period of no less than 10 days. The 10 day quarantine period is required regardless of the animal's vaccination status. During the quarantine, the animal may not be taken for a walk, taken on vacation, sold, given away, euthanized, killed, relocated, or allowed contact with people or other animals other than those whom it resides. The designated location of the quarantine will be determined by the Animal Control Officer or the Northeast Colorado Health Department.

Name of person submitting report	Submitting Agency	Date
Submitting party's contact information _____		

A copy of this report shall be sent to the appropriate Northeast Colorado Health Department county office within 2 business days of the incident.

NCHD Morgan County: 228 W. Railroad Ave, Fort Morgan, CO 80701 **Phone:** 970-867-4918 ext. 2260 or 2262 **Fax:** 970-867-0878
NCHD Logan County: 700 Columbine, Sterling, CO 80751 **Phone:** 970-522-3741 ext. 1262 or 1261 **Fax:** 970-522-1412
NCHD Phillips & Sedgwick Counties: 127 E. Denver, Ste C, Holyoke, CO 80734 **Phone:** 970-854-2717 ext. 5023 **Fax:** 970-854-4559
NCHD Washington & Yuma Counties: 529 N. Albany St, Ste 1120, Yuma, CO 80759 **Phone:** 970-848-3811 ext. 3022 **Fax:** 970-848-2888

NCHD USE ONLY LOG #: _____ Date Report Received: _____

REPORTING COPY
 Northeast Colorado Health Department
ANIMAL HOME QUARANTINE

Pursuant to CRS 25-4-604, I _____, the owner of a dog, cat or ferret involved in a human bite, am hereby required to do the following as a prerequisite for quarantining my animal at home.

- 1) You must keep this animal under restraint by chain in a fully fenced yard, closed cage, or paddock out of any possible contact with other animals or people during the 10-day quarantine period from: _____ to _____. A Notice of Quarantine must be clearly posted at the Quarantine site.
- 2) Upon any signs of illness or unusual change in behavior of this animal you must, at your expense, immediately contact a Colorado licensed veterinarian of your choice for examination and diagnosis of the animal.
- 3) Should this animal die or accidentally be killed between the bite date and the end of the quarantine period, you shall present the dead animal as soon as possible to a Colorado licensed veterinarian of your choice to have the animal prepared for rabies testing. If you cannot submit the animal immediately, refrigerate the carcass and hold at a temperature between 35-45 degrees F until submitted. (DO NOT FREEZE CARCASS OR SPECIMEN)
- 4) You shall notify the Northeast Colorado Health Department (NCHD) within 24 hours of the animal's illness or death. Notify NCHD at (970)522-3741, or Colorado Department of Public Health & Environment at (303)370-9395 after hours or on weekends or holidays.
- 5) The Northeast Colorado Health Department (NCHD) will assist the licensed veterinarian in coordinating the transportation and submittal of the animal specimen for rabies examination and testing, as necessary.
- 6) **If the rabies vaccination for your animal is not current at the time of the bite incident, the animal CANNOT be vaccinated until the 10-day quarantine period has expired. However, if the animal is healthy after the 10-day quarantine period, it shall be vaccinated for rabies by a Colorado licensed veterinarian within 14 days and a copy of the valid rabies vaccination certificate provided to the Northeast Colorado Health Department immediately. Give this notice to your veterinarian.**
- 7) Your animal shall be strictly quarantined at the following address:

The Northeast Colorado Health Department may contact you by phone or on-site visit at any time to verify the quarantine conditions are being met. Additional restrictions/ conditions may be applied by the health officer or an approved representative of NCHD.

By my (Owners)Signature, I certify I have received a copy of this quarantine order:	Date:
Address:	Agency Issuing Quarantine:
Telephone Number(s):	Signature of Agent/Officer Issuing Quarantine:
	Printed name of Agent/Officer Issuing Quarantine:

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