



**Benton-Franklin Health District  
Environmental Health Division**  
7102 W. Okanogan Place • Kennewick, WA 99336  
(509) 460-4200 Fax (509) 585-1537  
www.bfhd.wa.gov

For Office Use Only	
Date Reported	
HSP #	

### Animal Bite Report

REPORTED BY:		DATE OF BITE:	
VICTIM INFORMATION			
Name:		Date of Birth:	Home Phone:
Address:		City:	Zip Code:
Parent Name(if under 18):		Work Phone:	Cell Phone:
Location of Wound:	Type of Wound:	Personal Doctor:	
How did the Bite Happen?			
Address Where Bite Occurred?			
Medical Treatment Received?			
ANIMAL INFORMATION			
Type of Animal:	<input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Breed:	Color:
Animal Owner:		Owner's Mailing Address:	
City, State, Zip Code:		Home Phone:	Cell Phone:
ANIMAL HEALTH STATUS			
<input type="checkbox"/> Rabies Vaccination	Date of Vaccination:	Rabies tag #	Veterinarian:
Is the animal from local area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		Has the animal been out of the state in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	
Has the animal had any contact with wild animals in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.			
OBSERVATION AND QUARANTINE			
The above animal must be confined by the owner, on a leash or in a tightly fenced yard for a period of 10 days for Rabies observation in accordance with WAC 246-100. Be advised, your animal may not be removed from the place of confinement nor be destroyed (euthanized) during the confinement period without consent of the Health Officer. If during this period the animal should become ill, die, or exhibit abnormal behavior, you are required to report the condition to the Benton-Franklin Health District immediately at 509-460-4200.			
Order delivered to:		Date:	
Order acknowledged by:			
FOR BFHD USE ONLY			
Additional Remarks:			
Date Confinement Completed:		<input type="checkbox"/> Animal Sent for Testing? Date:	
Date Testing Completed:		<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
File Closed Date:		EHS:	