



**YAKIMA HEALTH DISTRICT**  
1210 Ahtanum Ridge Dr, Union Gap, WA 98903  
(509) 249-6508 or (509) 249-6541  
[www.yakimahealthdistrict.org](http://www.yakimahealthdistrict.org)

**ANIMAL BITE REPORT**  
FAX WITHIN 24 HOURS TO:  
(509) 381-3527

<b>DATE OF BITE:</b>		<b>REPORTED BY:</b>	
<b>VICTIM INFORMATION</b>			
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?			
<b>ANIMAL INFORMATION</b>			
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:
<b>ANIMAL HEALTH STATUS</b>			
<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.			
<b>OBSERVATION AND QUARANTINE</b>			
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 Yakima Health District immediately at 509-249-6508.			
Order delivered to:	Date:		
Order acknowledged by:			
<i>I give consent that my information be shared with the Yakima Humane Society:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____			
<b>FOR YHD USE ONLY</b>			
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:			