

Johnson County Animal Bite Report Form

Victim / Bite Information

Victim _____
 Age ___ F M
 Parents (if minor) _____
 Address _____

 Phone: Home (_____) _____ - _____ Work (_____) _____ - _____
 Type of Injury (e.g., bite, scratch) and Body Location _____
 Treatment Received _____

Case #: _____
 Report Date: _____
 Name of Reporter: _____
 Physician, Hospital, or Police Department

 Phone: (_____) _____ - _____

Date of Bite: _____ Time of Bite: _____ : _____ AM PM
 Address where Bite Took Place _____
 Circumstance of Bite: _____

 Check the animal status at the time of bite - loose in a house on a leash

For Investigator to Complete:

__/__/__ Inform victim of rabies risk
 __/__/__ Contact victim after 72 hours, the end of 10 day confinement, or confirmation of animal test results
 __/__/__ Contact reporting physician or hospital with confirmation of test results

Animal / Owner Information

Owner's Name: _____
 Owners' Phone: Home (_____) _____ - _____
 Work or cell phone (_____) _____ - _____
 Address _____

 Where is the Animal Located Now? _____

Animal Name _____
 Animal Microchip # _____
 Is the Animal Vaccinated for Rabies? Yes No
 Date Rabies Vaccine Expires _____
 Is Rabies Vaccine Current? Yes No
 Other Animal ID _____
 Veterinarian/Clinic _____
 Veterinarian Phone: _____

Type of Animal Dog
 Cat
 Other _____
 Description of Animal _____

 Photo attached Yes No
 Is Animal Owned? Yes No

For Investigator to Complete:

Is the Animal a Rabies Risk? Yes No

Date	Initials
__/__/__	Assess location of animal
__/__/__	Instruct owner about terms of confinement
__/__/__	Check on condition of animal after 10 day confinement

Remarks: _____

 Investigator: _____

Iowa City Animal Services	Iowa City	10:30-5:30 M-F; 10:30-3 S	(319) 356-5295; After-hours: (319) 356-5275 (IC Police)	Fax: (319) 356-5298
Coralville Animal Control	Coralville	10-4:30 M-F	(319) 248-1823 After Hours: (319) 248- 1800	Fax: (319) 248-1888
Johnson County Public Health	Area outside of Iowa City/Coralville	8-4:30 M-F	(319) 356-6038	Fax: (319) 356-6039

Residential Confinement Agreement (rabies vaccine is current and owner is able to confine)

In accordance with the Code of Iowa (Chapter 351.39) I hereby agree to confine said animal described as Dog Cat (Description) _____ or Other animal (specify) _____ at the owner's or keeper's residence in such a manner as to prevent the suspect animal from possible exposure to any person or other animal for a period of ten (10) days after the bite from ____/____/20____ to ____/____/20____.

I further agree to immediately notify the animal bite investigator checked below should this animal become ill, be injured, disappears, or dies during confinement. As directed by the animal bite investigator, I will deliver said animal to a licensed veterinarian (veterinary clinic) _____, phone (____)____-____, within **24 hours** for a subsequent health check.

- Johnson County Public Health (319) 356-6040 Iowa City Animal Services (319) 356-5295
 Coralville Animal Control (319) 248-1823/After Hours (319) 248-1800

I understand that at the end of the 10-day confinement, I am required to bring said animal to a licensed veterinarian to be evaluated for rabies risk at the owner's expense or arrange an appointment for a free rabies evaluation with Iowa City Animal Services.

____/____/20____ _____
 Date Owner or Caretaker's Signature

Veterinary Confinement Agreement (rabies vaccine is not current and/or owner is unable to confine animal)

In accordance with the Code of Iowa (Chapter 351.39) I hereby agree to deliver said animal described as Dog Cat (Description) _____ Other animal (specify) _____ to a licensed veterinarian or animal shelter for confinement within 24 hours from this date. Said animal will remain under observation at (veterinary clinic) _____, phone (____)____-____, for a minimum of (10) days after the bite from ____/____/20____ to ____/____/20____.

If said animal has not previously been vaccinated for rabies, said animal is required by the Code of Iowa, Chapter 351.33 to be vaccinated for rabies before release from the veterinarian can be granted.

I understand that the cost of confining an animal at a veterinary clinic is the responsibility of the owner.

____/____/20____ _____
 Date Owner or Caretaker's Signature

Failure to comply with either of the above designated will result in the immediate impoundment of said animal by Johnson County Public Health, the Iowa City Animal Services, or Coralville Animal Control and in accordance with Chapter 351.43 of the Code of Iowa... "Any person refusing to comply with the provisions of Sections 351.33 to 351.42 or violating any provisions, shall be deemed guilty of a simple misdemeanor."

Further Notes and Comments

Date	Comment	Initials

Iowa City Animal Services	Iowa City	10:30-5:30 M-F; 10:30-3 S	(319) 356-5295; After-hours: (319) 356-5275 (IC Police)	Fax: (319) 356-5298
Coralville Animal Control	Coralville	10-4:30 M-F	(319) 248-1823 After Hours: (319) 248- 1800	Fax: (319) 248-1888
Johnson County Public Health	Area outside of Iowa City/Coralville	8-4:30 M-F	(319) 356-6038	Fax: (319) 356-6039