Reset Form

REPORT OF ANIMAL BITE OR EXPOSURE

State Form 14072 (R5 / 5-26)
INDIANA DEPARTMENT OF HEALTH

Indiana Department of Health

We encourage you to complete this form online. Please visit https://www.in.gov/rabies/report-an-animal-bite.

*INSTRUCTIONS: Use this form to report a **person bitten by an animal** or a **person with other animal exposure**.*
Reporting animals bitten by other animals is not required, but if you would like to do so, call the Indiana State Board of Animal Health at 317-544-2400.

This form may be completed by the bitten or exposed person, their healthcare provider, or anyone with knowledge of the incident. Healthcare providers can satisfy state animal bite reporting requirements by ensuring that this form is completed during a patient visit.

This information will be kept confidential to the maximum extent possible by all applicable state and federal privacy laws. It will be shared with the local health department serving the bitten or exposed person's home address for the purpose of conducting public health activities.

Bitten or exposed persons are encouraged to file a separate report with the animal control or law enforcement agency serving the location where the incident occurred.

SECTION A

Today's date *MM-DD-YYYY*

SECTION B

Patient information

This section is about the bitten or exposed person.

First name | Last name

Date of birth *MM-DD-YYYY*

Sex
- ☐ Female
- ☐ Male
- ☐ Unknown

Ethnicity
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unknown or prefer not to answer

Race
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other: _____
- ☐ More than one of these
- ☐ Unknown
- ☐ Prefer not to answer

Street address

City | State | ZIP-code

County

Primary phone | Alternate phone

Parent/guardian *(if applicable)*

SECTION C

Incident information

This section is about the bite or exposure incident.

Type of animal
- ☐ Bat
- ☐ Cat
- ☐ Chipmunk
- ☐ Cow or cattle
- ☐ Dog
- ☐ Ferret
- ☐ Fox
- ☐ Gerbil
- ☐ Hamster
- ☐ Horse
- ☐ Monkey
- ☐ Mouse
- ☐ Rabbit
- ☐ Raccoon
- ☐ Rat
- ☐ Skunk
- ☐ Squirrel
- ☐ Other: _____
- ☐ Unknown

Date of bite or exposure *MM-DD-YYYY*

Country where bite/exposure occurred
- ☐ United States
- ☐ Other: _____
- ☐ Unknown

State where bite/exposure occurred
- ☐ Indiana
- ☐ Other: _____
- ☐ Unknown

County where bite/exposure occurred
- ☐ County: _____
- ☐ Out of state
- ☐ Unknown

Which of these best describes the bite or exposure?
- ☐ Animal bite (multiple)
- ☐ Animal bite (single)
- ☐ Animal scratch or scratches
- ☐ Animal saliva or fluids in open wound
- ☐ Animal saliva or fluids in eyes, nose, or mouth
- ☐ Bat came in contact with bare skin
- ☐ Bat found in same room with sleeping/impaired person or unattended child
- ☐ Other: _____
- ☐ Unknown

SECTION C **Incident information (continued)**. *This section is about the bite or exposure incident.*	Which part of the person's body was bitten or exposed?	☐ Head/neck ☐ Arm/hand ☐ Trunk or torso	☐ Leg/foot ☐ No known contact ☐ Unknown
	Was the person trying to feed or handle the animal at the time of the bite or exposure?	☐ Yes ☐ No ☐ Unknown	
	What was the animal's state of health at the time of the bite or exposure?	☐ Seemed healthy ☐ Did not seem healthy ☐ Dead ☐ Unknown	
	How was the animal behaving at the time of the bite or exposure?	☐ Seemed normal ☐ Did not seem normal ☐ Dead ☐ Unknown	
	Did the animal have any of the following symptoms at the time of the bite or exposure?	☐ Aggression ☐ Biting ☐ Drooling ☐ Paralysis	☐ Lethargy ☐ Other: _____ ☐ None of these ☐ Unknown
	Could the animal (or its body) be easily located for quarantine or rabies testing?	☐ Yes ☐ No ☐ Unknown	
SECTION D **Treatment information**	Has the bitten or exposed person been prescribed rabies shots for this incident?	☐ Yes ☐ No ☐ Unknown	
	Date of first rabies shot *MM-DD-YYYY*		

SECTION E **Animal owner information** *This section is about the owner of the animal associated with the bite or exposure.* *If this information is not available, leave this section blank.*	Does the animal have an owner?	☐ Yes ☐ No ☐ Unknown	Is the bitten/exposed person the owner?	☐ Yes *(Skip to the next section.)* ☐ No ☐ Unknown
	Owner first name		Owner last name	
	Owner street address			
	Owner city		Owner state	Owner ZIP-code
	Owner county			
	Owner primary phone		Owner alternate phone	

SECTION F **Person reporting information** *This section is about you, the person filling out this form.*	Are you the person who was bitten or exposed?		☐ Yes *(Skip to the next section.)* ☐ No	
	What is your relationship to the bitten or exposed person?	☐ Healthcare provider ☐ Veterinary provider ☐ Animal control or law enforcement officer ☐ Health department employee	☐ Employer ☐ Family member ☐ Other: _____ ☐ Unknown	
	Your first name		Your last name	
	Your office, agency, or organization			
	Your city		Your state	Your ZIP-code
	Your primary phone		Your alternate phone	

SECTION G	Additional comments

Submit reports to the Indiana Department of Health by completing this form online (preferred) or faxing paper forms to your local health department.