Central Montana Health District
one HEALTH
311 W. Main. St.
Lewistown, MT 59457
Ph: (406) 535-3983
Fax: (406)535-3984
Proudly Serving Golden Valley, Judith Basin, Musselshell, Petroleum, and Wheatland Counties

ANIMAL BITE REPORT FORM, Page 1

REQUIRED to be completed for ALL animal bites per ARM 37.114.201, 37.114.203, 37.114.205 & 32.3.1201
CALL 406-535-3983, 24/7 **and FAX to 406-535-3984** same day as incident.

I. Victim Information

Last Name		First Name		DOB/Age:	
Date of Bite		Time of Bite		If Child, Parent's Name	
Address:		City		County	
Phone home		Phone cell/work			

II. Bite Information

Circumstances under which the bite/scratch occurred:

Severity (circle one):

1. Minor - scratch
2. Minor - 4 or less punctures
3. Moderate - 4+ punctures
4. Severe - deep punctures, tearing, stitches required

Description/Location of wounds:

Was medical attention sought? **Y** / **N** If yes, where_____

Treatment of Wounds:

Post-Exposure Prophylaxis: Recommended **Y** / **N** Started: **Y** / **N**
Tetanus vaccination current within last five years? **Y** / **N** / **Unknown**
Tetanus vaccination given for/after this incident? **Y** / **N** / **Declined**

III. Animal and Owner Information

Feral or Pet:		Species:		Breed Type:		Color:	
Sex: M / F	Age:		Pet Name:			Bite Provoked: Y / N	
Current Rabies Tag? Y / N		Tag #		Date vaccinated:		Expiration:	
Location of Incident				Location of Animal			
Veterinary Clinic:				Veterinarian Name:			
Vet's Phone / Cell				Vet's Address:			
Owner's Name				Owner's Phone / Cell			
Owner's Address				Owner's City/St/ZIP			

IV. 10-day Quarantine Information

☐ **If the animal has a current rabies vaccine**, it may be quarantined at the owner's residence. The animal must be kept in a confined place where no other animals or humans may interact with it.

☐ **If the animal does not have a current rabies vaccine,** it must be immediately confined at a veterinary clinic or animal shelter, and must receive a rabies vaccination before being released. The cost of confining an animal is the responsibility of the owner.

Reporter Signature: _____ **Report Date:** _____

Rev.: 11/11; 8/12; 11/13; 02/23 reviewed 05/16, 4/2026

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ANIMAL BITE REPORT FORM, Page 2

For CMHD Use Only

V. Follow Up/Disposition (Animal Investigation)

Residential Confinement Agreement

If the animal has a current rabies vaccine, it may be confined at the owner's residence. The animal must be kept in a confined place where no other animals or humans may interact with it. In accordance with **Montana ARM 37.114.571,** I agree to confine said animal described as:

Cat (Description) _____ or Other _____ 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 investigators if this animal becomes ill, is injured, disappears, or dies during confinement.

I will deliver said animal to a licensed veterinarian at (veterinary clinic): _____ _____ Phone: _____, on _____/_____/20_____ for a subsequent health check at the owner's expense.

Owner Signature: _____ **Date:** _____

Veterinary/Animal Shelter Confinement Agreement

If the animal does not have a current rabies vaccine, it must be confined at a veterinary clinic or animal shelter for 10 days. Any other arrangements must be approved by both law enforcement and the Central Montana Health District. In accordance with **Montana ARM 37.114.571**, I agree to deliver said animal described as Dog (Description) _____ Cat (Description) _____ or Other _____ to a licensed veterinarian or an animal shelter. Said animal will remain under observation at _____, Phone _____, for a minimum of (10) days after the bite from _____/_____/20_____ to _____/_____/20_____. The animal will receive a health check & rabies vaccination at the owner's expense by a licensed veterinarian at (veterinary clinic): _____ _____Phone: _____, on _____/_____/20_____ prior to release.

Owner Signature: _____ **Date:** _____

Specimen collected?	Date Animal Destroyed	Date specimen shipped to Lab	Results of Analysis	Date patient Informed	Post Exposure Letter Sent

Date	Further Notes and Comments	Initials

Investigator: _____ **Date:** _____

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