

Hamilton Township Division of Health - Animal Bite Form

2100 Greenwood Ave, Hamilton, NJ 08609

Phone: 609-890-3884 Fax: 609-890-6093



Public Health
Prevent. Promote. Protect.

Date of Report: ____ / ____ / ____ Reported by: _____ Phone: (____) ____ - ____

Exposed Person

Name: _____ Age: ____ yrs.

Gender: M F Phone: (____) ____ - ____ Date of Birth: ____ / ____ / ____

Address: _____

Date of Bite: ____ / ____ / ____ Time of Bite: ____: ____ AM PM Part of Body Exposed: _____

Address where incident occurred: _____

Physician Consulted: Yes No Name of Medical Facility/Provider: _____

Treatment Provided: Antibiotic Tetanus PEP If **no PEP started** referred to: _____

Classification of Bite: Unknown Unprovoked Provoked Sick Playful

Incident Description:

Incident Information Provided By: Patient Animal Owner Parent/Caregiver Other: _____

Animal Information

Type of animal: Dog Cat Bat Other: _____

Breed: _____ Color: _____ Age: _____ Name: _____

Is animal licensed? Yes No Unknown N/A If **yes**, license number? _____

Rabies Vaccination History: ____ / ____ / ____ Veterinarian: _____

Owners Name: _____ Phone: (____) ____ - ____

Owner's Address: _____

Location of Animal (if different from owner): _____

Present Status: Confined/Quarantined At Large Dead Date of Death: ____ / ____ / ____

Symptoms of Animal (unusual activity): _____

Disposition (for Hamilton Township Division of Health use only)

<input type="checkbox"/> No further action required	<input type="checkbox"/> Confinement required until: ____ / ____ / ____
<input type="checkbox"/> Lab exam required	Date sent: ____ / ____ / ____ Sent via: _____
Lab Report: Date Received: ____ / ____ / ____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unsatisfactory
Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____ Results provided to: <input type="checkbox"/> Bite Victim <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other
Completion Date: _____	Completed by: _____

All NJ physicians are required to report animal bites to the health officer of the town in which the patient resides within 12 hours of occurrence. **Please fax this form to the Hamilton Township Division of Health at 609-890-6093.** For further assistance please call **609-890-3884 (after hours and holidays please call police dispatch at 609-581-4000** to be connected to the health staff).