

Johnson County Animal Bite Report Form

Form completed by: _____ Date: _____
 Facility/Agency: _____ Phone: _____ Case #: _____

Victim Information

Name: _____ Age: _____ F M
 Parents (if minor): _____
 Address: _____
 Phone (#1): _____ (#2): _____
 Describe injury and its location: _____
 Treatment provided: _____

Bite Information

Date of bite: _____ Time of bite: _____:_____ AM PM
 Address where bite took place: _____
 Status of animal at time of bite: loose in a house on a leash
 Bite circumstances: _____

Animal and Owner Information

Owner's name: _____ Animal's name: _____
 Phone (#1): _____ (#2): _____
 Address: _____
 Type of animal: Dog Cat Other _____ Description of animal: _____
 Has animal been vaccinated for rabies? Yes No Expiration date of rabies vaccine: _____
 Veterinarian/Clinic: _____ Phone: _____

Submitting the Report

Based on the owner's address, submit this form to the appropriate agency listed below. Date submitted: _____

<input type="checkbox"/> Iowa City	Iowa City Animal Services	(319) 356-5295 After-hours (IC Police): (319) 356-5275	Fax: (319) 356-5298
<input type="checkbox"/> Coralville	Coralville Animal Control	(319) 248-1800	Fax: (319) 248-1888
<input type="checkbox"/> North Liberty	North Liberty Police Department	(319) 626-5724	Fax: (319) 626-5743
<input type="checkbox"/> Outside of Iowa City, Coralville, and North Liberty	Johnson County Public Health	(319) 356-6040	Fax: (319) 356-6039

Further Notes/Comments for the Investigator

For the Investigator to Complete: Victim Follow-up

Date	Initials
___/___/___	_____ Inform victim of rabies risk within 72 hours
___/___/___	_____ Contact victim after the end of the 10-day confinement, or confirmation of animal test results

For the Investigator to Complete: Owner Follow-up

Date	Initials
___/___/___	Is the animal a rabies risk? <input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	_____ Assess location of animal
___/___/___	_____ Instruct owner about terms of confinement: <input type="checkbox"/> No confinement <input type="checkbox"/> Vet confinement <input type="checkbox"/> Home confinement
___/___/___	_____ Check on condition of animal after 10-day confinement

Home Confinement Agreement

In accordance with the Code of Iowa (Chapter 351.39) I hereby agree to confine this animal described as _____ 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 animal for a period of ten days after the bite from ___/___/___ to ___/___/___.

I further agree to immediately notify the animal bite investigator _____ should this animal become ill, be injured, disappears, or dies during confinement. As directed by the animal bite investigator, I will then deliver this animal to a licensed veterinarian _____ within 24 hours for a health check.

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

Owner's or Caretaker's signature: _____

Veterinary Confinement Agreement

In accordance with the Code of Iowa (Chapter 351.39) I hereby agree to deliver this animal described as _____ to a licensed veterinarian or animal shelter for confinement within 24 hours from this date. This animal will remain under observation at (veterinary clinic) _____ for a minimum of 10 days after the bite from ___/___/___ to ___/___/___.

If this animal has not previously been vaccinated for rabies, this 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.

Owner's or Caretaker's signature: _____

FAILURE TO COMPLY WITH EITHER OF THE ABOVE DESIGNATED WILL RESULT IN THE IMMEDIATE IMPOUNDMENT OF SAID ANIMAL. 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."