



**LEE COUNTY HEALTH DEPARTMENT**  
 3920 Michigan Avenue – Fort Myers – Florida – 33916  
 Epidemiology and Communicable Disease Control Services  
 Phone: (239) 332-9580

## Hospital Bite Case Report Fax to (239) 332-9553

Hospital / Clinic		Contact Phone #		
Date Seen by Clinician:		Date of the Bite		
Victim's Name:		Sex	Age	DOB
Victim's Address:		City:		Zip:
Guardian:		Relationship:		
Home Phone:		Work Phone:		
Area of the Body Injured by the Animal Bite:				
<b>Medical Treatment Information: (circle)</b> Tetanus Booster:                      Yes        No Rabies Immune Globulin Given      Yes        No Rabies Vaccine Started                Yes        No				

### Additional Information if Available

Animal Owner's Name (if known):			
Animal Owner's Address (if known):		City:	Zip:
Animal Owner's Phone (if known):		Animal Owner's Work Phone (if known):	
Animal Type: (circle) Domestic    Stray    Feral Cat    Wild	Breed or Type of Animal:		Name of Animal (if known):
Veterinarian Clinic (if known):		Color of Animal:	

<b>Veterinarian Phone (if known):</b>	<b>Other Information:</b>	