

Reporting Bites by Domestic Animals

Healthcare Providers and Bite Reporting

Healthcare providers must report any bite to a person by a domestic animal (dog, cat, ferret, or livestock) to the Animal Inspector (see below) of the city or town where the bite occurred, within 24 hours.

Reporting ensures that a 10-day quarantine, when appropriate, can be initiated promptly to prevent the need for rabies post-exposure prophylaxis.

- **Sample Reporting Form – See next page.**

Use this form, or one like it, to provide pertinent information to the animal inspector of the city or town where the bite occurred.

Veterinarians and animal control officers may also be involved in reporting bites by domestic animals, and may also find the form useful for this purpose.

- [List of Animal Inspectors by Town](#)

REPORT OF BITE BY A DOMESTIC ANIMAL

Pursuant to M.G.L. c. 112 § 12z and 330 CMR 10.04, healthcare providers must report any bite by a domestic animal to a person within 24 hours, to the Animal Inspector* of the city or town where the bite occurred. Reporting ensures that a 10-day quarantine, when appropriate, can be initiated promptly to prevent the need for rabies post-exposure prophylaxis.

Facility Information						
Hospital/Clinic/Office						
Phone						
Person Bitten						
Name				Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	
Address	Street _____	City _____		State _____	Zip _____	
Phone	Home _____	Work _____	Cell _____			
Parent or Guardian						
Exposure						
Date of Exposure	Exposure Type		<input type="checkbox"/> Bite <input type="checkbox"/> Scratch contaminated with saliva			
Body Site (of wound)						
Animal Owner (if known)						
Name						
Address	Street _____	City _____		State _____	Zip _____	
Phone	Home _____	Work _____	Cell _____			
Animal						
Species	<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> FERRET <input type="checkbox"/> OTHER _____					
Breed			Animal's Name			
Color/Description						
Rabies vaccinated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Date _____		
Stray	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Current Location of Animal OR If Unknown, Where Animal Was Last Seen						

***A complete list of municipal Animal Inspectors and their contact information is available at:**
<http://www.mass.gov/eea/docs/agr/animal-health/rabies-control-program/animal-inspectors.pdf>