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](http://www.mass.gov/eea/docs/agr/animal-health/rabies-control-program/animal-inspectors.pdf)

# For any questions regarding Rabies Post-Exposure Prophylaxis, please contact the Division of Epidemiology at 617-983-6800 available 24/7.

Massachusetts Department of Public Health

Nov 2024

**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 □ M □ F | | | Age |
| Address | Street City State Zip | | | | | | | |
| Phone | Home | Work | Cell | | | |  | |
| Parent or Guardian |  | | | | | | | |
| **Exposure** | | | | | | | | |
| Date of Exposure | Exposure Type | | | * Bite □ Scratch contaminated with saliva | | | | |
| Body Site (of wound) |  | | | | | | | |
| **Animal Owner (if known)** | | | | | | | | |
| Name |  | | | | | | | |
| Address | Street City State Zip | | | | | | | |
| Phone | Home | Work | Cell | | | |  | |
| **Animal** | | | | | | | | |
| Species | * DOG □ CAT □ FERRET □ OTHER \_ \_ | | | | | | | |
| Breed | Animal’s Name | | | | |  | | |
| Color/Description |  | | | | | | | |
| Rabies vaccinated? | * Yes □ No □ Unknown Date | | | | |  | | |
| Stray | * Yes □ No □ Unknown | | | | | Sex □ M □ 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**](http://www.mass.gov/eea/docs/agr/animal-health/rabies-control-program/animal-inspectors.pdf)

This form is provided as a template and example. It may be modified to suit local needs and circumstances.

Massachusetts Department of Public Health, Nov 2024