

## .VERMONT Town Health Officer **Animal Bite Report Form**

AFFIX PATIENT LABEL HERE

Reporting Informa	tion				
Date of report: _6	/_29/_21	Town: F	Richmond		Health Officer name: Adam Wood
					(_802) _434 5570
Person reporting b	ite: □ Hea	alth care pro	vider 🗆 Ve	eterinarian	☑ Bite victim/parent or guardian ☐ Other
Reporter name: A	my Powers		Facility:		Phone: (802) 363-4755
Bite Victim Inform					
ast name: Powers First n			First nan	ne: Amy	MI:
Street address: 836 Snipe Ireland Rd					Town: Richmond
State: VT_			Zip: <u>05477</u>		Phone: (_802) _3634755
Sex: □ Male ☑	Female □ No	answer	Age: 48	<u> </u>	Date of birth: $66/21/1973$
Bite Information					
Date of bite: 6	_/_28/_21	Where bite	occurred: vict	im's reside	ence Provoked bite? ☐ Yes ☐ No ☐ Unknown
Location of bite:	☑ Leg S	□ Head	□ Torso	₽ Arm 5	☑ Hand/Finger □ Other:
Animal type:	☑ Dog	□ Cat	□ Cow		☐ Sheep ☐ Ferret ☐ Unknown
	□ Raccoon	□ Skunk	□ Bat	□ Fox	□ Other:
Animal status:	☑ Owned	□ Stray	□ Wild	□ Unkno	own
If owned, owner's name: Janet Gill If owned, animal's name: Oakley					
Street address:	838 Snipe Ireland Rd				own: Richmond
State: _VT					wner telephone: (_802) _434 3762
Animal disposition	: ☑ 10-day cor	nfinement	□ Euthanized a	and tested	☐ At large/unavailable ☐ Unknown
Veterinarian name	•		Facility:		Phone: ()
Has the animal rec	eived a rabies v	accine in the	past?	✓ Yes	□ No □ Unknown
If yes, date	of last rabies s	hot:	//	Rabies T	Tag #:
Describe bite scena Stream bank, Oc fred to get Oak many pars Action taken by He	ario: Wh, le ta ikley starte der unde H jum pod in H alth Officer:	Iking pled d visited neir contro Le stream	santly whoshy attack	oakky's in my 1- t mores t Janes	S(dog) owner (Janet) down by the legs of their arms, Janet ther grand + mure aggressive. I was bleiding from lay down on top of taking so I could got to the how