

Montgomery County Health Department

So you've been bitten...

The major worry regarding animal bites, scratches, or exposure to animal saliva is **RABIES**.

What about bites or scratches?

- Immediately wash the wound with a lot of soap and running water and disinfect with alcohol.
- Get medical attention. Contact your family doctor or nearest emergency room as soon as possible.
- You or your health care provider must report the incident to the Montgomery County Health Department at (610) 278-5117.

If you are exposed to a wild animal . . .

- Call your local police, Animal Control Officer or the Montgomery County Health Department.
- If possible, the animal should be captured or killed so it can be tested for rabies.
- Avoid damaging the animal's head to ensure that it remains suitable for testing.
- If the wild animal is not dead, it should be taken to a veterinarian to have it euthanized for the purpose of rabies testing **only**.

If you are exposed to a pet (dog or cat) . . .

- Try to obtain the pet owner's name, address and telephone number.
- If possible, inquire if the animal has a current rabies vaccination and ask to see the rabies certificate.
- Call the Montgomery County Health Department.



Montgomery County Commissioners: Mario Mele,
Chairman; Richard Buckman; Joseph M. Hoefel III

So your pet's been bitten...

See your veterinarian who will treat the wound. Your veterinarian must report the wound to the Montgomery County Health Department (MCHD) at (610) 278-5117.

If your pet is vaccinated and is bitten by

- *A vaccinated cat or dog*
Your pet is safe from rabies and no follow up is necessary.
- *An unvaccinated cat or dog*
This biting cat or dog must be quarantined for a period of ten days and must be examined at the end of the period by a veterinarian. You will be notified by MCHD if your pet requires further follow-up.
- *A stray or wild animal, who cannot be located and tested for rabies*
Your pet must receive a booster from a veterinarian and be quarantined in your home for a period of ninety days and must be examined at the end of that period by a veterinarian.
- *A stray or wild animal, who can be located and tested for rabies*
If the attacker does not have rabies, your pet is safe. If the attacker tests positive for rabies, the same ninety day protocol mentioned above applies.

If your pet is unvaccinated and is bitten by

- *A vaccinated cat or dog*
This biting cat or dog and your pet must be quarantined for 10 days and must be examined at the end of the 10 day period by a veterinarian. If the vaccinated cat or dog is healthy after 10 days, then your pet is safe and must get vaccinated for rabies.
- *An unvaccinated cat or dog*
This biting cat or dog and your pet must be quarantined for 10 days and must be examined at the end of the 10 day period by a veterinarian. If the veterinarian determines the biter is healthy, this cat or dog receives a rabies vaccine and your pet may now be safely vaccinated for rabies.
- *Any domesticated, wild or stray that has rabies, or a wild or stray that cannot be located for rabies testing*
Your pet must be euthanized and tested for rabies or placed in strict isolation for the purpose of observation for a period of six months in a licensed veterinary facility approved by the Montgomery County Health Department **AT YOUR EXPENSE**.
- If your pet presents with a *wound of unknown origin*, the same euthanization and six month veterinary quarantine mentioned above applies.

MONTGOMERY COUNTY HEALTH DEPARTMENT
ANIMAL BITE REPORT FORM

Victim's Name _____ Last _____ First _____ DOB ____/____/____ Age _____

Parent's Name _____ Address _____
(if minor child)
Township _____ CT _____ Phone (Home) _____ (Work) _____

Owner's Name _____ Last _____ First _____ Phone (Home) _____ (Work) _____

Address _____ Township _____ CT _____

Type of animal: Dog Cat Other Pet Stray Wild Name/Type of animal? _____

Breed _____ Color _____ Age ____ Sex ____ Neutered Spayed Date of Vaccination ____/____/____

Duration 1yr 3yr Was animal vaccinated prior to that date? Yes No Status: UTD Not UTD None

Veterinarians Name _____ Phone _____

Address _____

Date of Incident (Indicate the date bite occurred) ____/____/____

Place bite occurred: Owners home, Victim's home, Other, What location? _____

What caused animal to bite? (Describe circumstances) _____

This is a: Bite Scratch Other Part of Body Affected: _____

Describe Wound: Skin Broken: Yes No If Yes; Superficial Deep Other

Date of Treatment ____/____/____ Facility Where Treated _____

Name of Physician _____ Phone _____

Type of Treatment: Wound Cleansed Antibiotic Tetanus Sutures HRIG HDCV (Rabies Vaccine)
PCEV (Rabies Vaccine) Other _____ MCHD Recommend PEP

Comments: _____

Person's Name Completing Form: _____ Phone _____

Address _____

REPORTING INFORMATION

Animal Bites **MUST** be reported by telephone or FAX within 24 hours of diagnosis.

Phone: (610)-278-5117 FAX (610) 278-3971
Hours: 8:00AM - 4:30PM
Emergencies or After Hours: (610) 275-1222

Division of Communicable Disease Control
Montgomery County Health Department
P.O. Box 311
1430 DeKalb Street
Norristown, PA 19404-0311

Date Report Received: ____/____/____

Health Department Use Only:

Police Incident #: _____

LABFORM # _____

Test Result (if applicable) _____

MCHD I.D. # _____