

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

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 _____
Phone	Home _____	Work _____	Cell _____	Zip _____
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 _____
Phone	Home _____	Work _____	Cell _____	Zip _____
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>