

**CHARLOTTE/MECKLENBURG ANIMAL CARE AND CONTROL
ANIMAL BITE/SCRATCH REFERRAL**

According to the North Carolina General Statute 130A-196, "A physician who attends a person bitten by an animal known to be a potential carrier of rabies shall report within 24 hours to the local health director the name, age, and sex of that person."

The Charlotte Mecklenburg Police Department – Animal Care and Control Division has been appointed by the local health director to investigate all animal bites occurring in Mecklenburg County. An animal bite is defined as follows: "Bite Wound means any penetration of the skin by an animal's teeth; scratches or abrasions which may have been in contact with animal's saliva or animal licks of mucosal surfaces or open wounds."

Your health care provider has contacted the Charlotte Mecklenburg Animal Care and Control Division and reported your involvement in an animal bite.

Name of the facility treating your wound: _____ Date of incident: _____

1. Are you a resident of Mecklenburg County? Y N

2. What is your full name? _____

3. What is your date of birth? _____

4. What is your home address? _____

5. What is your telephone number? _____

6. Did the animal bite occur in Mecklenburg County? Y N

7. If the bite did not occur in Mecklenburg County, where did it occur?
City _____ County _____ State _____

8. Description of the biter animal: DOG CAT OTHER _____
BREED _____ COLOR _____ GENDER _____

9. Name of animal owner _____

10. Address of animal owner _____

11. Phone number of animal owner _____

12. Is the animal owner aware of the bite? YES NO

13. What part of the body were you bitten? Please be specific i.e. left side, right side

14. Briefly describe what events occurred surrounding the animal bite

**HEALTH CARE PROVIDER MUST FAX THIS FORM TO THE CHARLOTTE MECKLENBURG
ANIMAL CARE AND CONTROL DIVISION AT (704) 423-9400 WITHIN 24 HOURS OF BEING
REPORTED**