



Animal Incident Report

Bureau of Environmental Health Services

DHEC Use Only

ABRIS #:

Date Received:

Incident Information

County Where Incident Occurred:	Incident Date:	Incident Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Address/Location of Incident:			
City:	State:	Zip:	Phone:
Incident Circumstances:			

Reporting Facility or Individual Information

Current Date:	Current Time:	Phone:	Fax:
Name of Reporting Entity (i.e. Animal Control/DVM/Individual/Physician/Law Enforcement/Nurse, etc.):			
Facility Name:			

Human Victim Information (Person bitten, scratched, or exposed to saliva in open wounds/mucous membranes)

Name:	Weight (lbs):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Guardian (if Minor):			
Address (If Not a Street Address, Give Directions):			
City:	State:	Zip:	
Phone:	Alternate Phone:	Email:	
Wound Location and Severity:			

Animal Victim Information

 (Pet or domesticated animal bitten, scratched, or exposed to saliva from wildlife or suspected rabid domestic animal)

Please indicate the number of animal victim(s)

Type of Animal:	Breed:	Size/Color:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UKWN
Owner/Custodian Name:	Animal's Name:		Age:
Address (If Not a Street Address, Give Directions)			
City:	State:	Zip:	
Phone:	Alternate Phone:	Email:	
Wound Location/Severity:			
Current Location and Health Status of Animal:			
Date of Vaccination:	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr	Tag #:	
Veterinarian Name:			

Offending Animal Information

 (Animal causing injury by bite, scratch, or exposure from saliva to open wounds/mucous membranes)

Please indicate the number of offending animal(s)

Type of Animal:	Breed:	Size/Color:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UKWN
Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UKWN	Animal's Name:		Age:
Owner's Name: (Same as Victim <input type="checkbox"/>)			
Address (Give Directions, if Not a Street Address):			
City:	State:	Zip:	
Phone:	Alternate Phone:	Email:	
Current Location and Health Status of Animal:			
Date of Vaccination:	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr	Tag #:	
Veterinarian Name:			

**** Certain areas of this form are required but all sections are extremely important. The assigned rabies investigator will be better able to assist if this form is filled out with as much detail as possible. ****

Personal information provided on this document is subject to public scrutiny or release.

Instructions for Completing DHEC 1799

Form Title: DHEC 1799 Animal Incident Report

Form Purpose: Used to investigate and collect information about animal bite incidents. Information includes incident information, hospital/clinic information, victim information, and offending animal information.

Audience: Health Care Provider/Facility

Submitting Instructions: Please fill out all required sections with as much detail as possible.

DHEC Record Retention Schedule: Negative Rabies Lab Test Result – Retain record for three years after investigation is closed, destroy record. Positive Rabies Lab Test Result – Retain record for five years after investigation is closed, destroy record.