

## Dog / Cat Bite: Assessment Form

### Patient's particular:

Name of patient: \_\_\_\_\_ Registration No: \_\_\_\_\_

IC: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact No: \_\_\_\_\_

### Exposure:

Date of exposure: \_\_\_\_\_ Place of exposure: \_\_\_\_\_

Site of wound/exposure: \_\_\_\_\_

Type of wound: superficial scratch / abrasion / multiple transdermal bites or scratches / lick / contamination of mucous membrane

Was the skin broken: Yes / No

Did the wound bleed (spontaneously): Yes / No

Was the dog: stray / domestic (fully caged / mixed with outside or stray dogs)

If domestic dog, was the dog vaccinated for past 12 months? Yes / No

Dog status: Alive / Death

Description of dog bite: \_\_\_\_\_  
\_\_\_\_\_

Did the dog bite other people: Yes / No.

If Yes, how many people? \_\_\_\_, can you name the person bitten with contact no?

Exposure/Wound category:

Category 1

Category 2

Category 3

Any past history of animal bite? Yes / No

If yes, animal: \_\_\_\_\_ Type of wound: \_\_\_\_\_

Care of wound: \_\_\_\_\_

Asymptomatic: Yes / No

If symptomatic:

Type of symptoms	Duration

**Past Medical History:**

Does the patient have the following medical conditions? / Is the patient on?  
Yes / No

- HIV/AIDS
- Immunosuppressant agent
- Long-term steroid
- Chloroquine
- Congenital immunodeficiency
- Treatment for malignant disease (leukaemia, lymphoma, lung carcinoma)

**Rabies Post-Exposure Prophylaxis (RPEP)**

Vaccination history against Rabies (PreP/PEP)? Yes / No

PrEP:

Date	Dose	Batch/Lot

PEP:

Date	Dose	Batch/Lot

Is Rabies vaccination indicated currently? Yes / No

Reason for decision on vaccination (either one please state the reason):

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If Yes, the vaccination regime: 4 doses / 5 doses

	Date	Lot	Site
Day 0:			
Day 3:			
Day 7:			
Day 14:			
Day 28:			

Patient will receive Rabies vaccination at: \_\_\_\_\_

Explanation on PEP if given:

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Symptoms at subsequent clinic visit:

Number of visit	Date	Type	Duration
2			
3			
4			