

**Annex 1 : Animal Bite Risk Assessment Checklist**  
**(Please tick ✓ if present)**

**Table 1A**

No	Definite risk of rabies exposure	(✓)
1	Animal with no known owner/stray/dead	
2	Any of the following <b>features which may suggest rabid animal:</b> (tick all that is present)	
	• Sudden change of behavior – more aggressive, biting other pets in house as well as inanimate objects	
	• Provoked Bites that involved activities with people who are familiar to the pet which usually does not trigger a bite (i.e. bathing, feeding, petting)	
	• Dumb looking	
	• Hypersalivation	
	• Hydrophobic	
	• Walk with unsteady gait, limp or wandering around aimlessly	
	• Animal bite has to be forcefully removed	
	• Change in bark / unable to bark or barks softly.	
	• Multiple unprovoked bite sites/attack on the same person	
	• Bite more than 1 person or other animal within the same day	
	• Poor appetite or lethargy	
	• Unprovoked bite of familiar persons	
	• Bite more than 1 person or other animal within 14 days when animal not known to be aggressive in the past	
3	<b>NOT able</b> to observe animal for 14 days after bite (e.g. the animal has gone missing, animal presumably belongs to someone whom patient doesn't know who is the owner, patient is a foreigner to the place where the bite incident happened)	

**Table 1B**

NO	Possible Risk of Rabies Exposure (Animal can be observed for 14 days)	(✓)
1.	• Unprovoked bite of unfamiliar people	
	• Attacks without barking first to indicate intrusion into owner's territory.	
	• Culprit pet is <b>NEWLY adopted</b> within the <b>last 6 months and not vaccinated against rabies.</b>	
2.	• The pet has possible exposure to strays	
	• House is <b>NOT gated/fenced</b> or Gate is <b>NOT closed</b> at all times or	
	• Presence of <b>gap in the fence or gate</b> where the dog can stick out its head or nose to be in contact with outside dogs	
	• Pet is free roaming. When the pet is brought outside the house compound it is <b>NOT leashed or observed.</b>	

## Annex 2 : ANIMAL BITE NOTIFICATION FORM

To:

District Health Office : .....  
 District Veterinary Services : .....  
 Notification date (dd/mm/yy) : .....

**Please Select for Action (√)**  
 **URGENT**  
 **NON-URGENT**

PATIENT STATUS	
Patient's name	
MyKad/ MyKid/ Passport No.	
Gender	(    ) Male    (    ) Female
Age	
Ethnicity	
Guardian's Name (For patient's below 18 Years Old)	
Current Home Address	
Contact Number	
Date of Bitten (DD/MM/YY)	
Date of receive treatment (DD/MM/YY)	
Risk Category	(    ) Category 1    Touching or feeding animals, licks on the skin
	(    ) Category 2    Nibbling of uncovered skin, minor scratches or abrasions without bleeding, licks on broken skin
	(    ) Category 3 <ul style="list-style-type: none"> <li>single or multiple transdermal bites or scratches, contamination of mucous membrane with saliva from licks; exposure to bat bites or scratches</li> <li>Abandoned/wild animal bites</li> </ul>
ANIMAL STATUS	
Types of animal's bite (explain)	(    ) Dog    (    ) Cat    (    ) Others : _____
Animal's status	(    ) Pets not mix with stray animals (    ) Pets but mixed with stray animals (    ) Stray (including unknown)
License status	(    ) Licensed    (    ) Unlicensed
Nature of bite	(    ) Unprovoked    (    ) Provoked
Can animals be identified?	(    ) Yes    (    ) No
Do dog(s)/animal(s) behave normally?	(    ) Yes    (    ) No    (    ) Unknown
Is the dog/animal still alive?	(    ) Yes    (    ) No    (    ) Unknown
Can animal be monitored by owner for 14 days?	(    ) Yes    (    ) No
Address of the event	

NOTIFIER INFORMATION	
Signature	
Name	
Designation	
Hospital (Ward/Unit) / Clinic	
Date	
Phone no.	

**NOTE:** This form should be filled by a medical practitioner who manages dog/animal bite cases. One sheet per case. Please make sure all the variables are filled up.

The feedback period from Veterinary Department to District Health Office according to priority.

NO.	CASE CATEGORY	FEEDBACK PERIOD
1	Urgent	<1 week
2	Non-urgent	For information

### Annex 3: Animal Bite Assessment & Treatment Form

Date/Time of clerking : .....

#### **PATIENT'S PARTICULAR**

Name of patient : .....

Registration No : .....

IC : ..... Age : ..... Weight:..... kg

Address : .....

Contact No. : .....

#### **ASSESSMENT**

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 animal: stray / domestic (fully caged / mixed with outside or stray animals) If domestic animal, was the animal vaccinated for past 12 months? Yes / No

The bitten incidence was ( ) Provoked ( ) Unprovoked

- Animal status:  Alive  
 Dead  
 Natural death  
 Culled by Veterinarian  
 Culled by Owner/ Villagers  
 Unknown or missing

Name of potential rabid animal (e.g bat, dog, cat, fox, monkey etc):

Description of Animal appearance and behaviour:  
.....  
.....  
.....

Description of animal bite:  
.....  
.....  
.....

Did the animal 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

Wound care done and place:

Home  Health Facility  No treatment done

If at home, wound washing:

Running water alone  Running water + soap  Others: .....

Duration of wound washing:

<5 minutes  5-10 minutes  10-15 minutes  >15 minutes

If Seek Treatment from Health Facilities:

Within 2 hours  2-6 hours  6 to 12 hours  12 to 24 hours  >24 hours

Wound washing at health facility

Running water alone  Normal Saline  Running water + soap

Povidone/ Iodine  Alcohol  Others:

Duration of wound washing at health facility:

<5 minutes  5-10 minutes  10-15 minutes  >15 minutes

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

**1. Past Medical History:**

Does the patient have the following medical conditions or on any treatment listed below?

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

**B. TREATMENT**

Rabies Post-Exposure Prophylaxis (RPEP) Vaccination history against Rabies (PreP/PEP) Yes / No  
If yes, details (Date, dosage, etc).

.....  
.....

Current Treatment Plan:

- Active immunisation with RIG
- Active immunisation
- NO active immunisation

Reason:

.....  
.....

If PEP is indicated, the vaccination regime: 4 doses

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

Patient will receive Rabies vaccination at:

.....

\*If the follow-up dose falls on a public holiday or weekend, patient can get the vaccine at any hospitals in ANNEX 5\*

General plan:

.....  
.....  
.....

**Clerked by:**

Name : \_\_\_\_\_  
Designation : \_\_\_\_\_

Residual Symptoms at subsequent clinic visit:

Number of visit	Follow up date	Symptoms	Duration	Seen by
1 (1st month post day 0 vaccine)				
2 (3rd month post day 0 vaccine)				