

Recommended Pet Shelter Bite Protocol

Virginia State Animal Response Team

In the event staff, volunteers or other animal caregivers are bitten or scratched, all wounds must be washed with soap and water. The bite or scratch must then be immediately reported to the Pet Shelter Manager. The Pet Shelter Manager will notify and provide information about the injury to the local health department and/or local animal control personnel and the Shelter Safety Officer. If possible, the Pet Shelter Manager should take a picture of the animal and include the picture with the information shared with the local health department and/or local animal control personnel and the Shelter Safety Officer. The Pet Shelter Manager should instruct the bite or scratch victim to seek medical care for the wound.

Code of Virginia § 3.2-6522. (which is entitled “Rabid Animals”) details the health department’s authority in responding to potential rabies exposures and the importance of those who know about a potential exposure to bring that to the attention of public health authorities. Rabies exposure assessment and case management of a potential exposure should be overseen by the local health department. Bites and some scratches caused by shelter animals will be considered as a risk for rabies exposure regardless of whether an animal’s rabies vaccination is up to date. Dogs, cats and ferrets that bite a person should be confined for 10 days and observed for signs of rabies. If an animal develops signs of rabies or dies during the 10 day confinement period, it should be tested for rabies. Rabies testing is facilitated by the local health department. The disposition of other animals that bite or scratch staff, volunteers or other animal caregivers shall be at the discretion of the local health department.

If an animal is to be confined in a pet shelter for a 10 day observation period, that animal should be housed separately from other animals during that time. If the 10 day confinement period extends past the shelter’s closing date or the owner’s stay at the shelter, the Pet Shelter Manager will notify the local health department and provide any information requested that would be necessary to complete the confinement in another locality. The rabies program manager of the local health department will then oversee communication with the locality where the confinement will continue/be completed.

Shelter Bite Policy Sample Agreement

Virginia State Animal Response Team

It will be the policy of this shelter that when a person has been bitten or otherwise potentially exposed to rabies via an animal housed in this shelter, the Pet Shelter Manager shall notify the local health department immediately and give the name and address of the person bitten and the owner of the animal. Rabies exposure assessment and case management of a potential exposure will be overseen and directed by the local health department. At the discretion of the local health department, bites and some scratches caused by shelter animals will be considered a risk for rabies exposure regardless of whether an animal’s rabies vaccination is up to date. Dogs, cats and ferrets that bite a person will be confined for 10 days and observed for signs of rabies. The disposition of any animal that becomes ill during a 10 day confinement will be at the discretion of the local health department and may include euthanasia and testing for rabies. The disposition of other animals that bite or people while housed at the shelter will be at the discretion of the local health department.

If an animal is to be confined in the pet shelter for a 10 day observation period, the animal will be housed separately from other animals during that time. If the 10 day confinement period extends past the shelter’s closing date or the owner’s stay at the shelter, the Pet Shelter Manager will notify the local health department and provide any information requested that would be necessary to complete the confinement in another locality. The rabies program manager of the local health department will then oversee communication with the locality where the confinement will continue/be completed.

I HAVE CAREFULLY READ THIS POLICY, FULLY UNDERSTAND ITS CONTENT AND AGREE TO ABIDE BY IT.

Owner/Custodian Printed Name

Owner/Custodian Signature

Witness Printed name

Witness Signature

ATTACH
ANIMAL
PHOTO
HERE

SAMPLE SHELTERED ANIMAL BITE/RABIES EXPOSURE REPORT FORM

Virginia State Animal Response Team

Rabies exposures can occur if a person is bitten by an animal or if a person gets animal's wet saliva or central nervous system tissue in his eye, mouth, nose or an open wound. This form and/or the information contained should be shared with the local health department and/or local animal control as soon as possible after the incident occurs. Decisions concerning the disposition of an animal that bites or scratches a person will be at the discretion of the health department.

Date of incident: _____ Time of incident: _____

Reported by: _____ Name of person completing form: _____

Exposure (Circle all that apply): Bite Scratch
Other (please explain): _____

Circumstances of exposure: Provoked _____ Unprovoked _____
Other (please explain): _____

Details of the exposure: _____

Location and extent of injury: _____

Exposing animal: Dog Cat Other (please specify): _____

Animal description (i.e., breed, color, sex, markings, size, weight, age, name, tattoos, microchip #):

Owner name and contact information: _____

Exposure victim name and contact information: _____

