

ANIMAL BITE REPORT

Report No. _____

DATE OF BITE _____ ANIMAL OWNER'S NAME _____

ADDRESS _____ CITY _____ PHONE _____

TYPE OF ANIMAL: DOG ___ CAT ___ OTHER _____ LICENSE #: _____

DESCRIPTION _____

PERSON BITTEN _____ AGE _____

ADDRESS _____ CITY _____ PHONE _____

IF MINOR, PARENT OR GUARDIAN _____

SITUATION SURROUNDING INCIDENT _____

NAME OF VETERINARIAN _____ CLINIC NAME _____

ADDRESS _____ PHONE _____

DATE OF CURRENT RABIES IMMUNIZATION _____ RABIES TAG #: _____

DATE REPORTED TO HEALTH DEPARTMENT _____

DATE REPORT DELIVERED TO OWNER/HARBORER _____

DATE ANIMAL OBSERVED _____ FOLLOW-UP REQUIRED ON _____

DATE REFERRED TO HEALTH COMMISSIONER _____

COMMENTS: _____

DATE COMPLETED: _____ SANITARIAN: _____

