

Animal Bite Related Report

Complaint Number: _____

Date of Report: _____

Date of Bite: _____

SECTION ONE: PERSON BITTEN

Name: _____

Age: _____ Sex: Female Male

Address: _____

Phone: _____

Parent/Guardian (if minor): _____

Place of Attack: _____

Body Area Bitten: _____

Bite Severity: Minor Serious

Circumstances: Unprovoked Provoked Unintentionally Provoked

Describe: _____

Treatment Required: _____

Anti-Rabies: Yes No

Given: Yes No

Physician: _____ Clinic: _____

SECTION TWO: OWNER

Name: _____

Address: _____

Phone: _____

SECTION THREE: ANIMAL

Type: Dog Cat Other: _____

Sex: Male Female

Description: _____

Estimated Age: _____

Prior Bites: Yes No

Vaccinated: Yes No Unknown

Vaccination Date: _____

Rabies Tag #: _____

SECTION FOUR: DISPOSITION

Animal Quarantined Location: _____

Test Recommended: Yes No

Results: Positive Negative

Final Disposition: Dead Euthanasia Returned Adopted

Victim Notified: In-person Phone Mail

Date: _____