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OPPORTUNITY EMPLOYER

The Department operates in  
accordance with Title VI of the  
Civil Rights Act of 1964

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# ANIMAL BITE REPORTING FORM

Please complete as much of this form as possible (please print).

Date reported (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reporting Hospital/Doctor/Agency: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Treatment: \_\_\_\_\_

## Patient Information

Date bitten (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Patient \_\_\_\_\_

Age of Patient \_\_\_\_\_

Name of Parents (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Secondary Contact Number (\_\_\_\_) \_\_\_\_\_

## Animal Bite Information

Type of Animal

\_\_\_\_ Dog

\_\_\_\_ Cat

\_\_\_\_ Bat

\_\_\_\_ Raccoon

\_\_\_\_ Squirrel

\_\_\_\_ Other \_\_\_\_\_

Description of Animal Contact

\_\_\_\_ No Skin Break

\_\_\_\_ Scratch

\_\_\_\_ Bite

\_\_\_\_ Other \_\_\_\_\_

Bite/Scratch Location \_\_\_\_\_

Bite Circumstances \_\_\_\_\_

## Animal Owner Information

Location/Address Where Bite Occurred:

\_\_\_\_\_  
Name of Animal Owner \_\_\_\_\_

Owner's SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Owner's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Telephone (\_\_\_\_) \_\_\_\_\_

Breed of Animal \_\_\_\_\_

Name of Pet \_\_\_\_\_ Color \_\_\_\_\_

Sex: Male / Female Vaccinated? Yes / No Spayed/Neutered Yes / No

Animal Quarantine Location: Home \_\_\_\_ Pound \_\_\_\_ Vet \_\_\_\_ Other \_\_\_\_

ID # \_\_\_\_\_