

Animal Bite Reporting Form

Victim

Person Bitten Age Date Bitten

Home Address

Directions to Home

Daytime Telephone Evening Telephone

Parent or Guardian

Owner

Owner of Animal

Owner Address

Directions to Home

Daytime Telephone Evening Telephone

Animal

Dog Cat Ferret Skunk Raccoon Bat Other

Pet Stray Wild Male Female Short Hair Long Hair

Animal's Name Breed

Color or Markings

Vaccination Date I.D. # Veterinarian

Other Comments

Form Completed by:

Name Date Reported

Institution/Agency/
Provider Reporting Tel

**Fax form to LOCAL HEALTH DEPT. in
COUNTY where animal bite occurred.**