



Animal Control Animal/Human Attack Form

Call _____

Reported by: _____ Time/Date Rec. _____

Victim Hospital Owner Other _____ Relative _____

Victim Attacked: _____ Sex: _____ Age: _____

Parents/Guardian: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Nature of Attack:

Physical Contact Charging Baring Teeth Growling Bite, no wound

Kind of Animal: Dog Cat Other _____

Owner: _____ Sex: _____ DOB: _____

Address _____ Zip: _____

Home Phone: _____ Work Phone: _____

License No.: _____ Renewal Date: _____

Animal Name: _____ Breed: _____ Sex: _____ Age: _____

Color: _____ Markings: _____

Tags: _____ Renewal Date: _____ Vet: _____

Previous Bites: _____ Date of Last Bite: _____

Date Attack Occurred: _____ Time: _____ AM PM

Location of Incident: _____

- At-Large Frnt Yd Bk Yd Driveway Sidewalk
- Corner Porch Off Prop Business Tied up/Yard
- Tied up/Entry Leashed Fenced Inside _____

Review: Reviewed by Manager Animal/Owner Activity File
 Unprovoked Unintentionally Provoked Provoked

Declared: Potentially Dangerous Dog Dangerous Dog Vicious Animal

NOTES (Who, What, Where, How, Witnesses, etc.):

Attack Case: _____

Animal Owner

Victim

