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: ____________________

Rabies Renewal
Tag No.: ____________________  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: ____________________

FORM 23-54 1-94