



Animal Control Attack# _____
Animal/Human Attack Form Call# _____

Reported by _____ Time/Date Rec. _____

- Victim Hospital Owner
 Other _____ Relative _____

Victim Attacked _____

Race _____ Sex _____ Age _____

Parents/Guardian _____

Address _____ Zip _____

Home Phone _____ Work Phone _____

Relationship to Owner:

- Family Member _____ Friend Neighbor Stranger

- Physical Contact Charging Baring Teeth Growling Bite, no wound

Kind of Animal: Dog Cat Other _____

Owner _____

Race _____ Sex _____ DOB _____

Address _____ Zip _____

Home Phone _____ Work Phone _____

License No. _____ Renewal Date _____

Animal Name _____ Breed _____ Sex _____ Age _____

Color _____ Markings _____

Rabies Tag No. _____ Renewal Date _____ Vet. _____

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 _____

Animal Owner

Victim



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