



Animal Control Animal/Human Bite Form

Call _____

Reported by: _____ Time/Date Rec. _____

Victim Hospital Owner Other _____ Relative _____

Victim Bitten: _____ Sex: ____ Age: _____

Parents/Guardian: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Nature of Wound:

Location of Wound: _____

No. of Punctures _____ Length of Lacerations _____ No. of Stitches _____

Other _____ Medical Treatment _____

Physician: _____ Current Tetanus Shot _____

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 Tag No.: _____ Renewal Date: _____ Vet: _____

Previous Bites: _____ Date of Last Bite: _____

Date Bite Occurred: _____ Time: _____ AM PM

Location of Incident: _____

- At-Large Fint 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

Veterinarian who checked animal _____ Date: _____

Victim Notified Public Health Nursing Rec'd by: _____

Bite Case: _____

Animal Owner _____
 Person Bit _____
 Follow-up Date _____

Where Animal Held: Home Humane Society State Lab Vet

