



Animal Control Animal/Human Bite Form

Bite# _____

Call# _____

Reported by _____ Time/Date Rec. _____

- Victim Hospital Owner
 Other _____ Relative _____

Victim Bitten _____

Race _____ Sex _____ Age _____

Parents/Guardian _____

Address _____ Zip _____

Home Phone _____ Work Phone _____

Relationship to owner:

- Family Member Friend Neighbor Stranger

Location of Wound _____

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

Medical Treatment _____

Physician _____ Current Tetanus Shot _____

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 _____

Rabies Tag No. _____ Renewal Date _____ Vet. _____

Date Bite 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 _____
 Where Animal Held: Home Humane Society OB# _____
 Person Bitten _____
 State Lab Date Sent _____
 Vet _____
 Follow-up Date _____



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