



# Animal Control Animal/Human Bite Form

Bite# \_\_\_\_\_  
Call# \_\_\_\_\_

Reported by \_\_\_\_\_ Time/Date Rec. \_\_\_\_\_

Victim  Hospital  Owner  Other \_\_\_\_\_  Relative \_\_\_\_\_

Victim Bitten \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parents/Gaurdian \_\_\_\_\_

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  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

Veterinarian who checked animal \_\_\_\_\_

Victim Notified  Public Health Nursing

Received by \_\_\_\_\_

Animal Owner \_\_\_\_\_  
Where Animal Held:  Home  Humane Society  Person Bit  State Lab  Vet \_\_\_\_\_  
Follow-up Date \_\_\_\_\_



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