

AT LARGE     CAUTION

IR # \_\_\_\_\_

### CITY OF PEORIA BITE REPORT

IR # \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

NAME OF VICTIM		DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE	WORK/MISC #
VICTIM'S ADDRESS			ADDRESS OR LOCATION WHERE INCIDENT OCCURRED		
CITY	STATE	ZIP CODE			
IF MINOR -- PARENT OR GUARDIAN			LOCATION OF WOUND		
ANIMAL OWNER KNOWS <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP OF VICTIM TO OWNER			
DATE REPORTED	HR. REPORTED	DATE OF BITE	HR. OF BITE	HOW REPORTED <input type="checkbox"/> FAX <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> IN PERSON	RECEIVED BY
NAME OF PERSON REPORTING INCIDENT		PHONE	PHYSICIAN'S NAME AND PHONE #		
COMPLETE CIRCUMSTANCES SURROUNDING BITE INCIDENT					
<input type="checkbox"/> CONTINUED ON BACK					
ANIMAL OWNER'S NAME		OWNER ID #	HOME PHONE	WORK/MISC #	
<input type="checkbox"/> STRAY					
STREET ADDRESS		CITY	STATE	ZIP CODE	ANIMAL'S NAME    ANIMAL ID #
DESCRIPTION OF ANIMAL			LICENSE OR TAGS		
<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> AGE YR. ____ MO ____	<input type="checkbox"/> ADULT <input type="checkbox"/> PUPPY <input type="checkbox"/> KITTEN	<input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE	COAT <input type="checkbox"/> SHORT <input type="checkbox"/> MEDIUM <input type="checkbox"/> LONG <input type="checkbox"/> WIRE HAIR	<input type="checkbox"/> STRAIGHT <input type="checkbox"/> SHAGGY <input type="checkbox"/> CURLY <input type="checkbox"/> WAVY	<input type="checkbox"/> PEORIA CITY LICENSE <input type="checkbox"/> OTHER TAG COUNTY/STATE _____
DESCRIPTION: BREED _____		COAT COLOR _____		YEAR ____ LICENSE # _____	
<input type="checkbox"/> OTHER DESCRIPTION _____					
CURRENT VACCINATION INFORMATION			PRIOR VACCINATION INFORMATION		
MFG. NAME _____ VAC. NAME _____			MFG. NAME _____ VAC. NAME _____		
VAC SERIAL # _____ DOV. _____ EXP _____			VAC SERIAL # _____ DOV. _____ EXP _____		
PRIOR BITE HISTORY					
IR # _____	IR # _____	IR # _____	IR # _____	IR # _____	IR # _____
DOB _____ <input type="checkbox"/> AT LARGE	DOB _____ <input type="checkbox"/> AT LARGE	DOB _____ <input type="checkbox"/> AT LARGE	DOB _____ <input type="checkbox"/> AT LARGE	DOB _____ <input type="checkbox"/> AT LARGE	DOB _____ <input type="checkbox"/> AT LARGE
DISPOSITION _____		DISPOSITION _____		DISPOSITION _____	
Officer's Signature: _____			Date: _____		
Supervisor's Signature: _____			Date: _____		