

TOWN OF COLLIERVILLE

ANIMAL BITE REPORT

Bite No.: _____ Date Bitten: _____

Victim: _____ First: _____ Sex _____ DOB: _____

Address: _____ Phone: _____

Parent/ Guardian: _____ Alt. Phone: _____

City: _____ State: _____ Zip Code: _____

Address Where Bitten: _____

Animal was (Check 1): Provoked unprovoked

Details of bite: _____

Nature of Injury (Check 1): Deep-Wound Fatality Scratch Toothmarks

Location of Injury: _____

Treated by Physician: _____

Treatment Given (Check 1): Antibiotics Cleanse-Wrap Tetanus-shot

Date: _____ Stitches Wound-Care Other: _____

Quarantine Info.

Place of Quarantine: _____ Date of Quar. _____ Released: _____

Address of Quarantine: _____

Lab Finding _____ Date: _____

Animal Status: _____ Date: _____ Victim Notified: _____ Date: _____

Comments: _____

