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: ____________________