PINAL COUNTY ANIMAL CARE AND CONTROL

ANIMAL BITE REPORT

IR. No. __________ Animal No. ___________ Area __________ Officer No. _______ Date/Time Reported ___________

Date/Time Occurred ______________________________ Location Bite Occurred ______________________________

____ Provoked    ____ Un-Provoked      Pictures of Wounds Taken ____ Yes   ____ No
____ Receipt of Pre-Quarantine Disposal   ____ Receipt of Rabies Observation Quarantine   ____ Receipt of Home Quarantine

Reporting Agency & Dispatcher

____________________________

Reporting Party ______________________________________________________ Phone No. _______________________

Physical Address

____________________________________________________________________________________________
Street                                                                           City                                              State                      Zip

Mailing Address

_________________________________________________________________________________________
P.O. Box                                                City                                        State                                        Zip

Owner _______________________________________________________________ Phone No. ________________________

Physical Address

____________________________________________________________________________________________
Street                                                                           City                                              State                      Zip

Mailing Address

_________________________________________________________________________________________
P.O. Box                                                City                                        State                                        Zip

Victim’s Name _______________________________________________________________ Age ___________ D.O.B ___________

Parents Name if Under 18

_____________________________________________________________________________________

Physical Address

____________________________________________________________________________________________
Street                                                                           City                                              State                      Zip

Mailing Address

_________________________________________________________________________________________
P.O. Box                                                City                                        State                                        Zip

Home Phone No. __________________________________________  Work Phone No. ___________________________

Species ____________ Breed _____________________________________________________ Sex _______ Age _______

Color ________________________________________________________________ Ears _______ Coat _______ Tail _______
Name ____________________________ License No. ____________________________ Microchip No. ______________

Vaccination Information

Beginning Date of Quarantine ____________________________ Beginning Time of Quarantine ______________

Ending Date of Quarantine ____________________________ Ending Time of Quarantine ______________

Quarantine Location

Circumstances of the Bite

Extent of Injuries

Euthanized and Submitted for Rabies Testing ____________________________ Results of Rabies Test__

Final Disposition of the Animal ______________ Victim Notification Completed By ____________________________

Use Diagram Below to Indicate Location of Wounds

If a home quarantine is not approved the owner must quarantine the animal at a Pinal County Animal Control facility or at a veterinary clinic. All fees are the responsibility of the owner.