

**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 \_\_\_\_\_

\*\*\*\*\* R e p o r t i n g A g e n c y & D i s p a t c h e r \*\*\*\*\*

Reporting Party \_\_\_\_\_ Phone No. \_\_\_\_\_

P h y s i c a l A d d r e s s

Street City State Zip

M a i l i n g A d d r e s s

P.O. Box City State Zip

\*\*\*\*\* O w n e r P h o n e N o . \*\*\*\*\*

P h y s i c a l A d d r e s s

Street City State Zip

M a i l i n g A d d r e s s

P.O. Box City State Zip

Victim's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_

P a r e n t s N a m e i f U n d e r 1 8

P h y s i c a l A d d r e s s

Street City State Zip

M a i l i n g A d d r e s s

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. \_\_\_\_\_

V a c c i n a t i o n I n f o r m a t i o n

Beginning Date of Quarantine \_\_\_\_\_ Beginning Time of Quarantine \_\_\_\_\_

Ending Date of Quarantine \_\_\_\_\_ Ending Time of Quarantine \_\_\_\_\_

Q u a r a n t i n e L o c a t i o n

C i r c u m s t a n c e s o f t h e B i t e

\_\_\_\_\_

E x t e n t o f I n j u r i e s

\_\_\_\_\_

Euthanized and Submitted for Rabies Testing \_\_\_\_\_ Results of Rabies Test \_\_\_\_\_

Final Disposition of the Animal \_\_\_\_\_ Victim Notification Completed By \_\_\_\_\_

**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.**

**Use Diagram Below to Indicate Location of Wounds**