

**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 _____

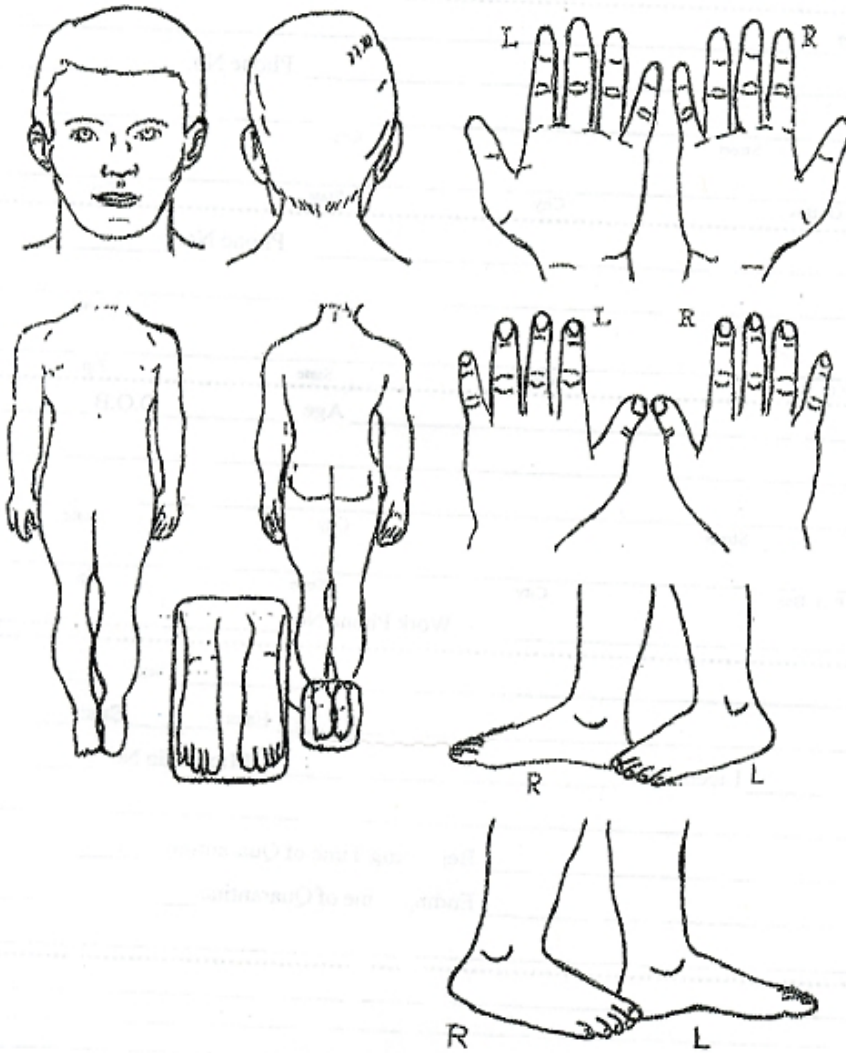
Extent of Injuries _____

Euthanized and Submitted for Rabies Testing _____ Results of Rabies Test _____

Final Disposition of the Animal _____ Victim Notification Completed By _____

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



I, the undersigned, being a duly qualified veterinarian, do hereby certify that the animal named above is the property of the owner named above. All fees are the responsibility of the owner.