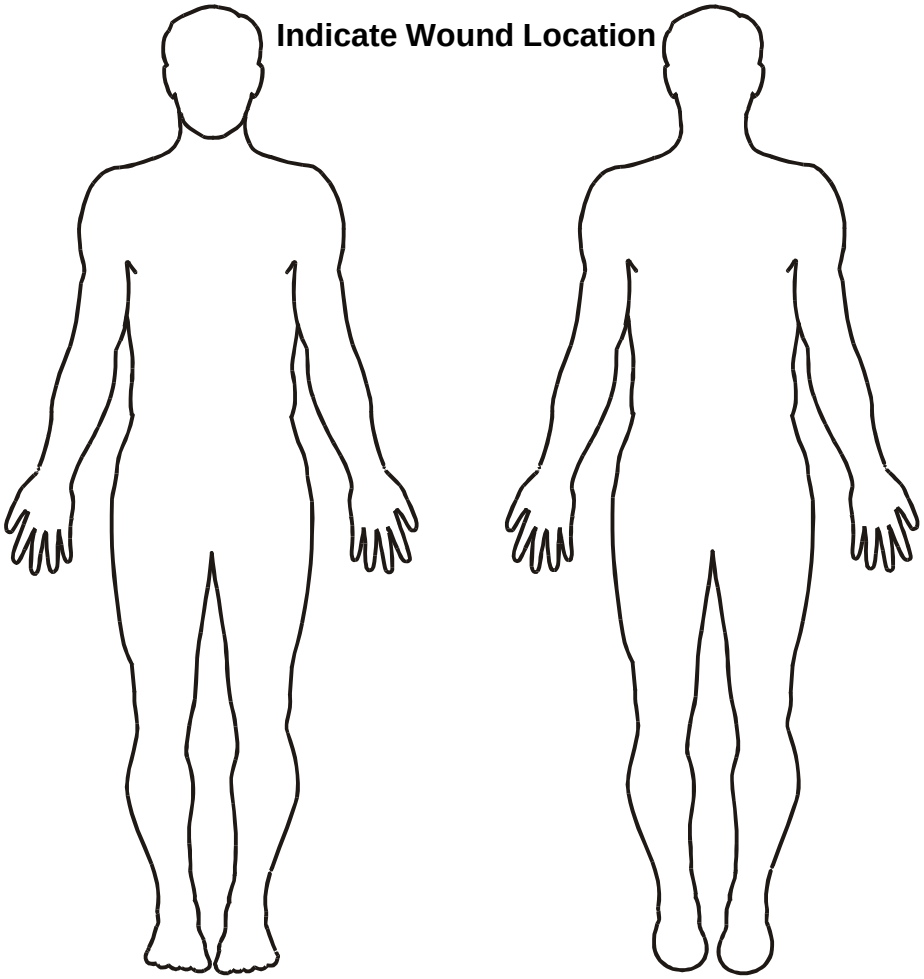
Indicate Wound Location



Front Back

Description of the Wound:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Animal Control
Lincoln-Lancaster County Health Department
3140 N Street ! Lincoln, NE 68510 ! 441-7900

Attack/Bite Investigation Form

Attack/Bite Case # _____ Date _____ Time _____ am/pm

Address Contacted _____

Person Contacted q Victim q Friend qRelation _____

_____ q Owner q Friend q Relation _____

q Initial Contact, See Bite Report
q Phone Contact
q Doorcard Left, But No Personal Contact Made, Description Needed
q No Previous Contact With This Person, Description Needed
q Previous Contact, No Further Description Needed

qOther _____

Home Address _____ ZIP _____ Victim's Age _____

Home Phone _____ Work Phone _____ Owner DOB _____

q Dog q Cat q Other _____ Name _____ Sex _____ Age _____

Breed _____ Color _____ Lic # _____ Rabies # _____

Victim Animal
q Dog q Cat q Other _____ Name _____ Sex _____ Age _____

Breed _____ Color _____ Lic # _____ Rabies # _____

Yes	No	
q	q	Owner Claimed Animal
q	q	Owner Knew About Bite/Attack
q	q	ACO Saw Animal
q	q	ACO Heard Animal
q	q	Owner Was Cooperative

ACO:
q Left Doorcard at Victim's Address
q Left Doorcard at Owner's Address
q Requested LPD Assistance
q Talked to Neighbors
q Talked to Witnesses
q Patrolled, Looking for Animal
q Set/Checked Trap
q Told Owner to Contact Office
q Sold License
q Gave HOB
q Collected Deposit/Fees $_____
q Saw Wound/Injury
q Took Photos

Victim:
q Also Owner/Relative
q Identified Animal
q Unable to Identify Animal
q Was Told to Contact Physician
Dr. _____
q Was Told to Clean Wound for 5 Minutes
q Questionable
q Skin Not Broken/Did Not Bleed
q Victim Does Not Wish To Report

Owner:
q Visiting, Lives Out of Town
q Is on Vacation
q Lives in County

Cite	Def/ Warn	Issued by ACO
q	q	To Place Under Observation
q	q	License
q	q	At Large
q	q	Dangerous Dog
q	q	Injuring/Destroying Property of Others
q	q	Other _____

Animal Was:
q Stray
q Wild
q Not Found
q Unable to Apprehend
q Tranquilized
q Acting Aggressive
q Mother with Young
q Injured Before Bite
q Delivered to Humane Society OB# _____
q Delivered to Veterinarian
q Delivered to Code 14 for State Lab
q Already Boarded at _____

ACO Explained:
q Why Observation is Necessary
q 24-Hours or Citation Issued for Failure to Observe
q Owner's Responsibility to Place
q Owner's Liability for Damages
q Surrender Form
q State Lab Procedure
q Victim Does Not Want to Report
q Home Observation Requirements
q Boarding/Check by Vet
q Rabies Transmission/Results
q Vicious Animal
q Dangerous & Potentially Dangerous Dog

Comments _____
_____
_____

q **I hereby swear that the above described animal did bite me (or my ward).**

Date _____ Parent/Guardian _____

Date _____ Victim _____ Initials _____

Date _____ I Do Not Wish To Report This Bite _____

Contact with Victim

Describe the incident, how did the bite or attack occur?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Contact with Witnesses:

Name: _____

Address: _____

Description of Incident: _____

_____
_____
_____

Name: _____

Address: _____

Description of Incident: _____

_____
_____
_____

Contact with Owner

Explain the Incident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Describe Behavior of the Dog:

Victims Impression:

_____
_____
_____
_____
_____
_____

Officer's Observation:

_____
_____
_____
_____