



Animal Control

Lincoln-Lancaster County Health Department
3140 N Street, Lincoln, NE 68510
441-7900 www.lincoln.ne.gov

Attack/Bite Investigation Form

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

Address Contacted _____

Person Contacted Victim Friend Relation _____
 Owner Friend Relation _____

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

Home Address _____ ZIP _____ Victim's Age _____

Home Phone _____ Work Phone _____ Owner DOB _____

Dog Cat Other _____ Name _____ Sex _____ Age _____

Breed _____ Color _____ Lic # _____

Yes	No	Def/ Cite	Warn	Issued by ACO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner Claimed Animal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner Knew About Bite/Attack
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACO Saw Animal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACO Heard Animal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner Was Cooperative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To Place Under Observation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	License
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At Large
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dangerous Dog
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injuring/Destroying Property of Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

- ACO:**
- Left Doorcard
 - Requested LPD Assistance
 - Talked to Neighbors
 - Talked to Witnesses
 - Patrolled, Looking for Animal
 - Set/Checked Trap
 - Told Owner to Contact Office
 - Sold License
 - Gave HOB
 - Collected Deposit/Fees \$ _____
 - Saw Wound/Injury
- Animal Was:**
- Stray
 - Wild
 - Not Found
 - Unable to Apprehend
 - Tranquilized
 - Acting Aggressive
 - Mother with Young
 - Injured Before Bite
 - Delivered to Humane Society OB# _____
 - Delivered to Veterinarian
 - Delivered to Code 14 for State Lab
 - Already Boarded at _____

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

- ACO Explained:**
- Why Observation is Necessary
 - 24-Hours or Citation Issued for Failure to Observe
 - Owner's Responsibility to Place
 - Owner's Liability for Damages
 - Surrender Form
 - State Lab Procedure
 - Home Observation Requirements
 - Boarding/Check by Vet
 - Rabies Transmission/Results
 - Vicious Animal
 - Dangerous & Potentially Dangerous Dog

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

Comments _____

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

Date _____ Parent/Guardian _____

Date _____ Victim _____ Initials _____



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