



# Animal Control

Lincoln-Lancaster County Health Department  
3140 N Street  
Lincoln, NE 68510  
(402) 441-7900



I, \_\_\_\_\_, hereby grant permission to \_\_\_\_\_  
to release such medical information which will be beneficial to the **Animal Control Manager (James Weverka)**, and the **Health Director (Bruce Dart)** of the **Lincoln-Lancaster County Health Department**, or their representative, with the understanding that the said information will be handled confidentially.

**Victim Information** (please print)

Victim \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_ Relationship of Guardian to Victim \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Medical Treatment \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Witness Information** (please print)

Witness \_\_\_\_\_  
Address of Witness \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_