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 Entered

**ANIMAL BITE REPORT FORM**

Ck'd Priors

**Person Bitten Data:**  Owner Bitten Date/Time of Bite: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_  AM  PM

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Tel#: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ Work Tel#: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Bite wound description: \_\_\_\_\_

**Animal Owner Data:**  Unknown  Wildlife:

\_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Tel#: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ Work Tel#: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Species:  Dog  Cat Other: \_\_\_\_\_

**Reported by:**

Clinic: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Med Personnel: \_\_\_\_\_

**Please fax to Animal Services at 242-6435**

**Feedback:**

\_\_\_\_\_  
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