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ANIMAL BITE REPORT FORM
Veterinary Clinic

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:

Vet Clinic: _____ Date: __/__/____

Med Personnel: _____

Animal Location: In clinic - Expected Release Date: __/__/____ Release to owner - Release Date: __/__/____

Please fax to Animal Services at 242-6435

Feedback:

