

ANIMAL BITE REPORT

1. Case Number:

RABIES CONTROL INVESTIGATION

Date of Report:

2. Name (Last, First):		3. Sex:			4.Date of Birth	5. Telephone:	
		⊸Male	Female				
6. Address (No. & Street):				City)		(State)	(Zip)
7. Name of Parent/Guardian (if victim is a minor): 8. Address (if different than above):							
9. Source of Information (Person or Office): Telephone:							
10. Place of Attack: 11a. Time and Date of Attack:							
11b. Location and Description of wound:							
12. Circumstances of Atta	ick: DK-9 (Police Ac	ction)	Unknow	/n	Unprovoked	d □ Playful	Provoked
	□ Sick/Hurt		Other				
13. Animal Owner (Custodian): Telephone:							
14. Address (No. & Street	<u>)</u> .		((City)		(State)	(Zip)
	J•		(•	ony)		(01010)	(24)
15. Type of Animal: □ Dog □ Cat	Other (specify)		□ Owned □ Stray		□ Male □ Female	Estimated Age:	
		_	□ Wild				
16. Description (Breed, Co	olor, Etc.):	17. Licen	nse Number	r:	Date		From:
18. Behavior: □ Normal □ Abnormal □ Unknown 19. Prior Bite History: □ Yes □ No							
20. Vaccination Status:					Vaccination	Rabies	□ 1 Year Vaccine
	accinated				Date:	Tag No.:	□ 3 Year Vaccine
21. Animal Location: □ Unable to Locate Animal □ Animal Confined From Date: To Date:							
22. If at owner's home, has Quarantine Agreement been signed? □ Yes □ No							
23. Cause of Death:							
24. Quarantine Released: Date: By:							
					-		
25. Veterinarian 🗆 Did	Did Not See Animal		26	6. Hea	ad examination is	s: □ Requested	Not Warranted
27. Remarks:							
Date: By			y: Telephone:				ione:
28. Head Sent to Lab:							
29. Results:							
30. Victim Notified By:	□ Person □ Phon		□ Mail		Date:	By:	
	Data						
31. □ Case Closed	Date:	By:					
32. Person Completing Form: Telephone:							