



ANIMAL BITE REPORT

Bite Notification

Office received notification from: _____ Department: _____

Victim Information

Name of bite victim: _____ Age: _____

If person is a minor, Guardian's name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number Home: _____ Cell: _____ Work: _____

Where on the person's body, did the animal bite? _____

Did the bite victim require medical attention? **YES NO** Doctor's Name: _____

Name of Medical Facility: _____

What was the extent of the injuries? _____

When and Where Bite Occurred:

Date: _____ Time: _____ AM/PM

Address: _____ City: _____ State: _____ Zip: _____

Information About the Animal:

Animal Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Animal: _____ -If Dog, Breed of Dog: _____

Sex of animal **Male Female** Age of Dog if known: _____

Description of Animal that did biting: Height: _____ Weight: _____ Color: _____

If the animal is a dog, is it licensed in the County **YES NO** License Number: _____