



ANIMAL BITE REPORT

1. Case Number:

RABIES CONTROL INVESTIGATION

Date of Report: _____

2. Name (Last, First):		3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Age:	5. Telephone:
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:		11. Time and Date of Attack:		
12. Circumstances of Attack: <input type="checkbox"/> K-9 (Police Action) <input type="checkbox"/> Unknown <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Provoked <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Other _____				
13. Animal Owner (Custodian):		Telephone:		
14. Address (No. & Street): (City) (State) (Zip)				
15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Owned <input type="checkbox"/> Male <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Estimated Age: <input type="checkbox"/> Stray <input type="checkbox"/> Female <input type="checkbox"/> Unaltered <input type="checkbox"/> Wild <input type="checkbox"/> Unknown				
16. Description (Breed, Color, Etc.):		17. License Number:		Date: From:
18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown		19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unk. VET: _____		Vaccination Date:	Rabies Tag No.:	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine <input type="checkbox"/> 4 Year Vaccine
21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined		From Date:		To Date:
22. If at owner's home, has Quarantine Agreement been signed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
23. Cause of Death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:				
24. Quarantine Released:		Date: By:		
25. Veterinarian <input type="checkbox"/> Did <input type="checkbox"/> Did Not See Animal		26. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
27. Remarks:				
28. Head Sent to Lab:		Date:	By:	Telephone:
29. Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY				
30. Victim Notified By: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail		Date:	By:	
31. <input type="checkbox"/> Case Closed		Date:	By:	
32. Person Completing Form:		Telephone:		