

Bite# _____	Activity# _____	Date of Birth (minor only) _____
Victim information:	Animal owner information:	Circumstances of incident:
Name: _____ Address: _____ Ph # _____ Alt # _____ Email _____ Incident date: _____ Time ____ AM PM <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> School? _____ Age in years ____ Date of birth _____ Minor <input type="checkbox"/> Y <input type="checkbox"/> N	Name: _____ Address: _____ Ph # _____ Alt # _____ Email _____ <input type="checkbox"/> No Owner / Stray	<input type="checkbox"/> Victim chased by dog (jogging, bike, walk, etc) <input type="checkbox"/> Playing <input type="checkbox"/> Protecting territory, food, pups, etc. <input type="checkbox"/> Injured/sick <input type="checkbox"/> Fighting with another animal <input type="checkbox"/> Victim attempted to pet/handle/pick up <input type="checkbox"/> Other (describe) <input type="checkbox"/> Unknown
If victim is a minor: (Parent/Guardian)	Domestic Animal Info:	Details of what happened:
Name: _____ Address: _____ Phone: _____ Email _____ Was victim familiar with animal? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Hospitalized <input type="checkbox"/> Outpatient <input type="checkbox"/> Home treatment Medical facility: _____ Contact person & phone: _____	Animal Name: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Spayed/Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK Breed / description: Color: _____ Age: _____ <input type="checkbox"/> Yr <input type="checkbox"/> Mo	
	Rabies Vaccination Info:	
	<input type="checkbox"/> Unknown ⚠ <input type="checkbox"/> NOT currently vaccinated ⚠ <input type="checkbox"/> Rabies Tag # _____ Vaccination date _____ <input type="checkbox"/> 1yr <input type="checkbox"/> 3 yr Vet: _____ ⚠ NOT eligible for home quarantine	
Where on victim's body was skin broken?	At time of incident, animal was:	
<input type="checkbox"/> Extremities: hand / arm / leg / foot / other _____ <input type="checkbox"/> Head/Neck <input type="checkbox"/> Torso Describe wound(s): <input type="checkbox"/> Punctures: <input type="checkbox"/> Lacerations: <input type="checkbox"/> Abrasions: <input type="checkbox"/> Sutures? # <input type="checkbox"/> For wound repair? <input type="checkbox"/> Cosmetic? <input type="checkbox"/> *Wildlife exposure (use 2nd page or back of form)*	<input type="checkbox"/> Unrestrained OFF owner's property ⚠ <input type="checkbox"/> Unrestrained ON owner's property <input type="checkbox"/> Restrained (fence, leash, kennel, indoors, etc)	
	Location of of incident property of:	
Wound severity:	<input type="checkbox"/> Victim <input type="checkbox"/> Neighbor <input type="checkbox"/> Relative <input type="checkbox"/> Animal Owner <input type="checkbox"/> Business <input type="checkbox"/> Public (road, park, school) <input type="checkbox"/> Other _____	
<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unk	Address where incident took place:	
Biting animal/potential rabies suspect:		
<input type="checkbox"/> Dog _____ <input type="checkbox"/> Cat _____ <input type="checkbox"/> Other <input type="checkbox"/> Wildlife Species _____ <input type="checkbox"/> Wolf/Hybrid		Name and phone number of person completing this report:

Send report to animal control department *where incident occurred* (see bottom reverse side)

