



ANIMAL BITE REPORT

Date of Bite _____

Report Date _____ Reported By _____

Reporting Agency _____



BITE VICTIM

Person Bitten _____ Age _____ Sex _____

Address _____ Phone _____



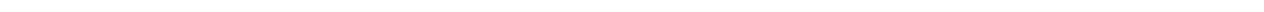
Parent or Guardian (if victim is a minor): Mr. /Ms. _____

Address (if different) _____ Phone _____



Site of bite _____ Treated by _____

Treatment _____



ANIMAL INFORMATION

Type/Breed of Animal _____ Name _____

Owner of Animal _____ Phone _____

Address _____

Location of bite event Victim's address Owner's address Parent's address

Other _____