



**ANIMAL INCIDENT REPORT**

Date of Occurrence \_\_\_\_\_ Was this a (check all that apply):    BITE    SCRATCH

Report Date \_\_\_\_\_ Reported By \_\_\_\_\_

Reporting Agency \_\_\_\_\_

**BITE/SCRATCH VICTIM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Site of bite/scratch \_\_\_\_\_ Treated by \_\_\_\_\_

Treatment \_\_\_\_\_

**ANIMAL INFORMATION**

Species and Breed of Animal \_\_\_\_\_ Name \_\_\_\_\_

Owner of Animal \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Location of occurrence (check all that apply):    Victim's address    Parent's address    Owner's address

Other \_\_\_\_\_