

Fairfield Department of Health

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Animal Bite Report

Date of Bite: _____ Type of Animal: Dog Cat

Date Reported: _____ Other (Specify) _____

Person Bitten:

Name: _____ Age: _____

Address: _____ Phone: _____

Driver License #: _____

Parent/Guardian Name (if victim is under 18): _____

Treatment Information:

Treatment Provider _____ Date of Treatment: _____

Location of Treatment Facility: _____

Exposure Type: Bitten Scratched Other (Circle all that apply)

Location of Wound: _____

Location/Address of Incident: _____

Animal Owner Information:

Name: _____ Phone: _____

Address: _____ Driver's License # _____

Animal Information:

Animal Name: _____ Sex: M F Breed: _____

Color/Markings: _____

Current Immunization? Yes No If yes, date of immunization: _____

Veterinarian: _____

Does animal show any signs of sickness? Yes No

Other information or remarks: _____

Person Completing Form: _____

Reporting Agency: _____