



Animal Bite Report

Date of Bite: _____ Type of Animal: Dog Cat
Date Reported: _____ Other (Specify) _____

Person Bitten:
Name: _____ Age: _____
Address: _____ Phone: _____

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: _____

***The Fairfield Department of Health is NOT a dog enforcement agency, we are strictly rabies control. Please fill out the form to the best of your knowledge. If your pet is NOT current on its rabies vaccination, please contact the health department for options.**