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.