



Office Use	
Received and reviewed by:	
Date:	Pictures?: Yes/No

Bite Report

Please Print Clearly

Victim Information		
Name:	Sex:	Date of Birth:
Parent or Guardian (if minor):		
Address:		
City:	State:	Zip Code:
Phone:	Alt. Phone:	
Bite Information		
Date of bite:	Time of bite:	
Address/location where bite occurred:		
Area of body affected:	Severity of bite (circle one): Minor Moderate Severe	
Circumstance:		
Hospital Information		
Name of hospital:	Phone:	
Street address:		
Name of physician:	Date of visit:	
Animal Owner		
Name:		
Street address:		
City:	State:	Zip Code:
Phone:	Alt. Phone:	
Animal Description		
Type of animal:	Breed:	Color:
Animal sex:	Animal name:	Age:
Has animal had a rabies vaccine? Yes/No Date vaccine expires:		

Completed by: _____ Date: _____