

Victim's Name:		Sex:	Age:	DOB:
Address:		City:		Zip:
Guardian (if victim under 18):		Relationship to victim:		
Home Phone:	Cell Phone:	Work Phone	Email:	
Animal Type (circle): Domestic Stray Feral cat Wild Unknown		Breed / Type of Animal (circle): Dog Cat Unknown Other: _____		
Date of Bite:	Time of Bite:	Where (location) did bite Occur:		
Circumstances of bite:				
Description and location of Bite / Injury:				
Medical Care Provided By:		Date Medical Care Received:		
Animal Owner's Name:			Does the Animal Belong to You?: YES NO	
Address:		City:		Zip:
Home Phone:	Cell Phone:	Work Phone:	Email:	
Breed:	Color:	Description:	Name:	
Veterinarian:	Veterinarian Phone:	Date Vaccine Given:	Vaccine Type (circle): 1 year 3 year Unknown	
<i>Animals involved in bite/scratch must be quarantined for a period of ten days from the date of the bite. Animals Currently vaccinated may be quarantined at owner's home. Animals without a current rabies vaccination may be quarantined at Domestic Animal Services or a private veterinarian. Animals under quarantine cannot be vaccinated until the quarantine is released and cannot be given away or relocated</i>				

Official Use Only:			
Date Bite Received by DAS:	Date Animal Quarantined:	Quarantine End Date:	Quarantine Location:
Quarantine Released Date:	Animal Status Post Quarantine (circle): Well Sick Dead Unknown	Victim Notified Date:	Method of Notification: Phone In Person Mail Other
Date Referred to Health Dept:	Date Sent for Testing: Reason:	Test Results: Positive Negative	Date:
Notes:			