**ANIMAL BITE REPORT**

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| Report No. |       |

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| DATE OF BITE: |       |  | ANIMAL OWNER’S NAME: |       |

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| ADDRESS: |       |  | CITY: |       | PHONE: |       |

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| TYPE OF ANIMAL:  | [ ]  DOG [ ]  CAT  | OTHER |  | LICENSE #: |       |

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| DESCRIPTION: |       |

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| PERSON BITTEN: |       |  | AGE: |       |

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| ADDRESS: |       |  | CITY: |       |  | PHONE: |       |

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| IF MINOR, PARENT OR GUARDIAN: |       |

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| SITUATION SURROUNDING INCIDENCE: |       |

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| NAME OF VETERINARIAN: |       | CLINIC NAME: |       |

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| ADDRESS: |       |  | PHONE: |       |

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| DATE OF CURRENT RABIES IMMUNIZATION: |       |  | RABIES TAG #: |       |

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| DATE REPORTED TO HEALTH DEPARTMENT: |       |

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| DATE REPORTED DELIVERED TO OWNER/HARBORER: |       |

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| DATE ANIMAL OBSERVED: |       |  | FOLLOW-UP REQUIRED ON: |       |

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| DATE REFERRED TO HEALTH COMMISSIONER: |       |

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| COMMENTS:       |

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| DATE COMPLETED: |       |  | SANITARIAN: |       |