**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: |  |