

REPORT OF ANIMAL BITE

TRINITY COUNTY PUBLIC HEALTH * (530) 623-8209

Person Bitten: _____ Age: _____ Sex: _____

Address: _____

Date: _____ Telephone: _____

Parent: _____ Date of Bite: _____ Time: _____

Reported By: _____ Date: _____

Received By: _____ Date: _____

Address Where Bitten: _____

Circumstances of Bite: _____

Nature and Location of Injury: _____

Name of Physician: _____ Date/Time of Treatment: _____

Treatment Given: Tdap Wound Care: _____

Follow up Care: Rabies Prophylaxis Treatment Other: _____

Remarks: _____

Name of Animal Owner: _____ Telephone: _____

Address: _____

Animal Vaccination Status: _____

Description of Animal: _____

Normal Animal Behavior: _____

Phone in ALL animal bites to:

To Sheriff's Department (530) **623-8127**

And fax to:

Animal Control: (530) 623-3926 and

Public Health: (530) 623-1297

CONFIDENTIAL FAX