



## REPORT OF DOMESTIC ANIMAL BITE

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 domestic 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**