

ANIMAL BITE / SCRATCH REPORT

VICTIM INFORMATION

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM PM

VICTIM'S NAME: _____ SEX: M F DATE OF BIRTH: _____

VICTIM'S ADDRESS: _____
Address City State Zip

TELEPHONE: _____ PARENT/GUARDIAN: _____

ANIMAL INFORMATION

OWNER'S NAME: _____ TELEPHONE: _____

OWNER'S ADDRESS: _____
Address City State Zip

DESCRIPTION OF ANIMAL (*Color, Size, Etc...*): _____

BREED: _____ NAME: _____ AGE: _____

INCIDENT INFORMATION

PLACE OF INCIDENT: _____

HOW DID INCIDENT OCCUR?: _____

TREATMENT INFORMATION

SIZE/LOCATION OF WOUND: _____

HOW WAS THE WOUND TREATED: _____

WHO WAS THE DOCTOR?: _____

REPORTING PARTY INFORMATION

SOURCE OF INFORMATION (*Person or Office*): _____

SOURCE'S ADDRESS: _____
Address City State Zip

SOURCE'S TELEPHONE: _____ DATE OF REPORT: _____

ORANGE COUNTY ANIMAL SHELTER/RABIES CONTROL 561 THE CITY DRIVE SOUTH ORANGE, CA 92668
(714)935-6304