

ANIMAL BITE FORM
Lane County Animal Services
(541) 682-3645 / Fax (541) 682-2009

Date: _____ / _____ / _____

CASE IDENTIFICATION - PERSON BITTEN

Name _____ Phone(s) _____

Address _____ City _____ State _____ Zip Code _____

Sex Female Male

HISPANIC Yes No Unknown

DATE OF BIRTH _____ / _____ / _____

RACE White Black American Indian

Or, if unknown, AGE _____

Asian/Pacific Islander unknown other _____

BITE OR OTHER EXPOSURE

Date _____ / _____ / _____ Time _____ am pm provoked unprovoked

Incident Address and nature of injuries (bite location on body)

Describe circumstances _____

ABOUT THE ANIMAL

OWNERSHIP

victim's household pet stray

acquaintance's pet feral

stranger's pet unknown

RABIES IMMUNIZATION

Rabies Expires: _____ / _____ / _____

Vet Clinic: _____

No rabies vaccine unknown


Owner(s) _____
Phone(s) _____
Address _____

Animal description (breed, gender, age, color, name):

PLACE OF QUARANTINE

home "quarantine" quarantine process explained _____ / _____ / _____

shelter "quarantine" / Shelter name: _____

Shelter address/phone: _____ / _____

Quarantine Start Date _____ / _____ / _____
Quarantine End Date _____ / _____ / _____
Released healthy _____ / _____ / _____
Contact with _____
Comments _____

Agency Representative

Print name _____

Signed _____ Date _____ Phone # (_____) _____