



ANIMAL BITE REPORT and RABIES CONTROL INVESTIGATION

Date Reported:		Initial report received by:		1a. HD Case Number:		1b. AC Case Number:	
2. Name (Last, First):				3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Age: DOB:	
5. Telephone:				Alternative Phone:			
6. Address (No. & Street):		City:		State:		Zip:	
7. Name of Parent/Guardian (if victim is minor):		8. Address (if different than above):		9. Source of Information (person or office): Phone:			
10. Place of Incident (street or yard @ address):			12. Describe circumstances of incident:			<input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> K-9 (Police Dog)	
11. Date and Time of Incident:							
13. Owner Name (last, first):				Telephone:			
14. Address (No. and Street)		City:		State:		Zip:	
15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:			<input type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild		16. License Number/Agency:		
17. Animal's Name:		Predominant Breed:		Color/Markings:		Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered
18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown			19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No				
20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unknown <input type="checkbox"/> Unvaccinated		Veterinarian:		Date Vaccinated:		Tag No:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year
21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined/Quarantined			From (date):		To (date):		
22. Quarantine Location: LCAS Home Cage Number: Animal ID Number:		If quarantined at home, has a Home Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
23. If the animal died, cause of death? <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia							Date:
24. Quarantine Released: <input type="checkbox"/> Animal is alive and looks/acts normal.		Date:		By:		Per:	
25. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal				26. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not warranted			
27. Remarks:							
28. <input type="checkbox"/> Head sent to lab. Date: By:			29. Lab Results (circle one): <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> POSITIVE NEGATIVE UNSATISFACTORY </div> Lab contact reporting results: Date: Rec'd By:				
30. Victim Notified By: <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> By Mail				Date:		By:	
31. <input type="checkbox"/> Case Closed Date: By:			32. Person Completing Form: Phone:				