

## Animal Control Officer Animal Bite Report

ACO Name \_\_\_\_\_

Town of: \_\_\_\_\_

ACO Phone (    ) \_\_\_\_\_

Date: \_\_\_\_\_

### Bite Victim Information:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Victim Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

### Bite Event Information:

Date of Bite \_\_\_\_\_ Time of Bite \_\_\_\_\_ Location on Victim \_\_\_\_\_

Address where bite occurred \_\_\_\_\_

Describe how bite occurred: \_\_\_\_\_

### Treatment Information:

Treated at the Scene \_\_\_\_\_ Will/Did See Own Doctor \_\_\_\_\_ Will/Did Go to Hospital \_\_\_\_\_ Refused Treatment \_\_\_\_\_

Doctor or Hospital Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Notes: \_\_\_\_\_

### Animal Owner Information:

Owner Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship to victim? \_\_\_\_\_

### Animal information:

Animal Type: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other (specify): \_\_\_\_\_ Was animal captured? **Y N**

Rabies Current? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_ Where captured? \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Size \_\_\_\_\_ lbs

Licensed? No \_\_\_\_\_ Yes \_\_\_\_\_ Tag # \_\_\_\_\_ Issued by the City/Town of \_\_\_\_\_ State \_\_\_\_\_

Location of Animal Quarentine: Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

### Rabies Vaccination Information: (Attach a copy of the certificate, if available, to this form)

Rabies vaccination given by: \_\_\_\_\_ Date administered \_\_\_\_\_ **1 year / 3 year**

Address \_\_\_\_\_ Expires on \_\_\_\_\_ Tag # \_\_\_\_\_

### Animal Euthanased:

Animal was destroyed on (date) \_\_\_\_\_ by (veterinarian) \_\_\_\_\_

Sample Submitted for Rabies Testing? **Y N** Results: Positive \_\_\_\_\_ Negative \_\_\_\_\_

**Other Notes/Witnesses/Etc.** \_\_\_\_\_

\_\_\_\_\_  
**ACO Signature**

White Copy- Animal Control/ Yellow Copy- Town Clerk / Pink Copy -Board of Health