



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (877) 747-2243 FAX: (562) 401-7112

<http://lapublichealth.org/vet>

MEDICAL AND OTHER ORGANIZATIONS ANIMAL BITE REPORTING FORM

PERSON BITTEN			
Victim name (last and first)		Date of Birth	Address (number, street, city and zip)
Victim phone number		Reported by:	Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)	Body location bitten
How bite occurred (explain)			
Date Treated	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Treated by	Phone number
Type of treatment			
ANIMAL			
Owner Name (last and first)		Address (number, street city and zip)	
Phone Number	Type of animal <input type="checkbox"/> Dog Breed _____ <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____	Description of animal (sex, color)	
Animal Impounded <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what shelter		Impound #
Remarks			
Facility Taking Report:			
Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials