



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
 TEL: (213)-989-7060 or (877) 747-2243 FAX: (213) 481-2375
publichealth.lacounty.gov/vet



**MEDICAL 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
------	------	---	----------