



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



**BITE REPORTING FORM - VETERINARY CLINICS**

<b>PERSON BITTEN</b>			
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			
<b>ANIMAL</b>			
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 vaccinated for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date last vaccinated:	Animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was animal euthanized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	Reason euthanized: <input type="checkbox"/> Injured <input type="checkbox"/> Sick <input type="checkbox"/> other Please explain:	Specimen prepared for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
<b>CLINIC</b>			
Clinic Information			Contact person
Name:			
Address (include number, street, city, state and zip)			Phone Number
Remarks			
<b>Clinic Taking Report:</b>			
Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials