



# VETERINARY PUBLIC HEALTH – RABIES CONTROL PROGRAM

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[publichealth.lacounty.gov/vet](http://publichealth.lacounty.gov/vet)



COUNTY OF LOS ANGELES  
**Public Health**

## DOMESTIC ANIMAL vs. WILD MAMMAL INCIDENT REPORT FORM

DOMESTIC ANIMAL – PET INFORMATION					
Owner last name		Owner first name	Owner address. Number and street		City and zip code
Owner area code & phone		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed	Sex	Age
Date bitten	Time bitten	Reported by		Reporter area code & phone number	
Address where bitten.		Number and street		City and zip code	Type of injury to domestic animal
Animal vaccinated prior to contact with wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date vaccinated prior to contact with wildlife:		Animal vaccinated after coming into contact with wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date vaccinated after coming into contact with wildlife:	
Domestic animal impounded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Animal Shelter		Impound #	Was animal euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was animal taken to vet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Veterinary Hospital		Address, city and zip		
Current location of animal: <input type="checkbox"/> Home address <input type="checkbox"/> Veterinary clinic listed above <input type="checkbox"/> Other _____					
WILD LIFE INFORMATION (animals other than dog or cat)					
Type of wild animal <input type="checkbox"/> Coyote <input type="checkbox"/> Skunk <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other (explain)			Wild animal disposition: <input type="checkbox"/> Left area/not located <input type="checkbox"/> Appeared sick <input type="checkbox"/> Captured/destroyed/died		
Wild animal specimen prepared for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Location of wild animal specimen (clinic or shelter)		Date euthanized	Time
Veterinary Clinic or Animal Control Agency taking report:			Impound# of wild animal (if applicable)		
Address of Veterinary Clinic or Animal Control Agency					
<b>Comments:</b>					
Submit a copy of the animal's rabies certificate(s), if available					
Report by:		Date taken:	Initials Faxed by:	Date:	



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