



VETERINARY PUBLIC HEALTH – RABIES CONTROL PROGRAM

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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:		Animal Shelter		Impound # Was animal euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Domestic animal impounded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Veterinary Hospital		Address, city and zip	
Was animal taken to vet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current location of animal: Home address Veterinary clinic listed above Other _____			
WILDLIFE 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					
Comments:					
Submit a copy of the animal's rabies certificate(s), if available					
Report by:			Date taken:	Initials Faxed by:	Date:

