



## REPORT OF ANIMAL BITE

Today's Date \_\_\_\_\_ Date of Bite \_\_\_\_\_

Reporting Agency \_\_\_\_\_

Reporting Person Name \_\_\_\_\_ Police Report # \_\_\_\_\_

### VICTIM INFORMATION

Name(s) \_\_\_\_\_ Victim DOB \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Location of Injuries on Body \_\_\_\_\_

Location/Address of Incident \_\_\_\_\_

Treated at (Medical Facility) \_\_\_\_\_

Circumstances of Bite \_\_\_\_\_

### ANIMAL OWNER INFORMATION

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### BITING ANIMAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_

Color/Markings \_\_\_\_\_ Sex  M  F Spay/Neutered  Y  N

Date of Last Rabies Vaccination \_\_\_\_\_ Rabies Tag # \_\_\_\_\_

Veterinary Hospital \_\_\_\_\_ Microchip # \_\_\_\_\_

This report must be sent within 24 hours of completion either via fax to 630-407-2801 or email to animalservices@dupageco.org