

Entered
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Ch'k Priors

Humane Animal Welfare Society
701 Northview Rd., Waukesha,
WI 53188 262-542-8851
Fax: 262-542-8853

Waukesha County Division of Environmental Health
515 W. Moreland Blvd AC 260, Waukesha, WI 53188
262-896-8300 Fax: 262-896-8298
www.waukeshacounty.gov/humane

ANIMAL BITE REPORT FORM

HAWS Animal ID #: _____ HAWS Tag # _____

Incident Data:

Date of Bite: _____ Time of Bite: _____ AM Address of
PM Incident & specific location: _____
Reported by: _____ Tel #: _____ Fax#: _____
Date Reported: _____ Report Received By: _____ Tel#: _____
Animal's Current Location: Circle one: Home / Hospital / Deceased / Shipped to Rabies Lab / Animal Shelter / Other details and/or additional
comments: _____

Owner Data:

Unknown Wildlife

Name: _____ DOB: _____ Home Tel #: _____
Street Address: _____ Work Tel #: _____
Municipality: _____ Zip: _____
Species: DOG CAT OTHER: _____ Breed: _____
Sex: M F Sterilized: Y N Age: _____ Weight: _____ Name: _____
Color/Markings/Tattoo/Chip: _____
Rabies Current: Y N Rabies Vacc. Date: _____ Rabies Exp. Date: _____ Rabies Tag: _____
Dog Lic#: _____ Year of Lic: _____ Tag Color: _____ Verified
Veterinary Clinic: _____ Tel# _____

Person Bitten Data:

Owner Bitten

Name: _____ DOB: _____ Home Tel #: _____
Parent/Guardian: _____
Street Address: _____ Work Tel #: _____
Municipality: _____ Zip: _____
Part of body bitten: _____
Primary Care Physician Name: _____ Clinic: _____ Tel#: _____
Treating Physician Name: _____ Clinic: _____ Tel#: _____

Owner should be informed of quarantine rules – will also be contacted by Waukesha County Humane Officer

- Report must be faxed or delivered to humane officer within 24 hours of receipt
- Two signatures from rabies observer or veterinarian required during quarantine
- Vet signature only signature allowed for release after 10 days (24 hour periods) from time of bite

Certified Observer / Date

Certified Observer / Date

DVM Signature for Release / Date

Updated 11/2012