

ANIMAL BITE REPORT FORM

Incident Data:

Date of Bite: _____ Time of Bite: _____ AM Address of
PM Incident: _____

Reported by: _____ Tel #: _____ Fax#: _____

Date Reported: _____ Report Received By: _____ Tel#: _____

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: _____ Tel#: _____

Clinic: _____

Treating Physician Name: _____ Tel#: _____

Clinic: _____

Owner informed of quarantine rules & expecting contact from Waukesha County Humane Officer.
Please fax or deliver bite reports to our office within 24 hours of receiving report.