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ANIMAL BITE REPORT FORM

Incident Data:

Date of Bite: _____ Time of Bite: _____ Location of incident: _____
On Owner's Property? Yes No
Reported by: _____ Tel #: _____ Fax#: _____
Date Reported: _____ Report Received By: _____ Tel# _____
Animal current location _____ Other: _____
Description of incident: _____

Owner Data: Unknown Wildlife: _____

Name: _____ DOB: _____ Phone #: _____
Street Address: _____ Email: _____
City/Village/Town: _____ Zip: _____ Alt. Ph#: _____
Species: _____ OTHER _____ Breed: _____
Sex: _____ Sterilized: _____ Age: _____ Weight/Size: _____ Name: _____
Color/Markings/Tattoo/Chip: _____
Rabies Current: _____ Rabies Vacc. Date: _____ Rabies Exp. Date: _____ Rabies Tag: _____
Dog Lic#: _____ Year of Lic: _____ Tag Color: _____ Rabies Verified by Humane Officer
Veterinary Clinic: _____ Tel# _____

Bite Victim Data: Person Bitten and/or Animal Bitten

Name: _____ DOB: _____ Phone #: _____
Parent/Guardian: _____ E-mail: _____
Street Address: _____ Alt. Ph #: _____
City/Village/Town: _____ Zip: _____

Severity Mild: skin abrasion Moderate: puncture(s) Severe: Multiple bites/Significant tissue damage.

Describe body part(s) injured: _____

Primary Care Physician Name: _____ Clinic: _____ Tel#: _____

Treating Physician Name: _____ Clinic: _____ Tel#: _____

- Owner informed of quarantine rules & expecting contact from Waukesha County Humane Officer.
- Faxed/Emailed to County: Please provide bite reports to our office within 24 hours of receiving report.
Fax 262-896-8298 Email humaneofficer@waukeshacounty.gov