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

Ck'd Priors

ANIMAL BITE REPORT FORM

Incident Data:

Date of Bite: _____ Time of Bite: _____ AM Location of incident: _____
PM On Owner's Property? Yes No
Reported by: _____ Tel #: _____ Fax#: _____
Date Reported: _____ Report Received By: _____ Tel#: _____

Animal current location: Circle: Home / Hospital / Deceased / Shipped to Rabies Lab/ Animal Shelter/ Other: _____
Description of incident: _____

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: _____ Rabies Verified by Humane Officer

Veterinary Clinic: _____ Tel# _____

Person Bitten Data: Owner Bitten Owner's Pet Bitten

Name: _____ DOB: _____ Home Tel #: _____

Parent/Guardian: _____

Street Address: _____ Work Tel #: _____

Municipality: _____ Zip: _____

Severity Mild: skin abrasion Moderate: puncture(s) Serious: 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.

Please fax or deliver bite reports to our office within 24 hours of receiving report.

Updated 09/15