

Companion Animal Bite Record

Incident Information

Date of Incident:

Time of Incident:

Location of Incident:

Description of Incident:

Biting Animal Information

Species:

Breed:

Color:

Sex:

Age:

Owner Name:

Owner Address:

Owner Phone:

Rabies Vaccination Date:

Bite Victim Information

Victim Name:

Victim Address:

Victim Phone:

Nature of Injury:

Submit Record