

ANIMAL INCIDENT REPORT

Report Number: _____ Person/Agency Reporting: _____ In Person

Report Date: _____ Report Received by: _____ By Phone

Report Time: _____ Person/Agency's Phone: _____

Owner's Name: _____ Phone: _____

Address: _____

Place (Location) of Incident: _____

Circumstances Preceding Bite: _____

Site of Bite: _____ Treatment: _____

Hospital/Doctor: _____ Phone: _____

Type of Animal: _____ Breed: _____ Name: _____

Disposition: _____ Sex: _____ Age: _____ Color: _____

Animal Immunized? Y / N Date: _____ Veterinarian: _____

Victim's Name: _____ Phone: _____ Age: _____

Address: _____ Date of Bite: _____ DOB: _____

_____ Time of Bite: _____

Parent/Guardian: _____

Medical history (Special Conditions, Medicines, Etc.): _____
