San Luis Obispo County
Animal Services Division
PO Box 4110
885 Oklahoma Ave
San Luis Obispo, CA 93406
(805)781-4400 / fax 781-1065

# REPORT OF ANIMAL BITE

**Victim Information**

Name_____

Address_____

City_____ State_____ Zip_____

Home Phone _____ Work Phone_____

Age_____ Parent/Guardian (if minor)_____

**Bite information/Details**

Date of Bite_____ _____
mm/dd/year time

Address/Location where bite occurred_____
Public Private Property Animal owner was present not present

Describe the circumstances of the bite_____
_____
_____

**Animal Information**

Owner name_____

Owner's address_____

Home Phone_____ Work Phone_____

Animal Name_____

Dog Cat Other_____ Male Female Unkn

Breed_____ Color_____ Age_____

Section below this line to be completed by the healthcare provider only.

**Care Provider Information**

Healthcare provider_____

Clinic/Facility_____ Phone_____

Part of body bitten_____

Description of injury (Severity/Punctures, tears, etc.)_____

_____

_____

Severity Minor Moderate Severe

Treatment required_____

_____

**Please note**: All bites by an animal of a species subject to rabies, whether or not the animal is suspected of being infected, must be reported. Failure to report a bite is a violation of the California Code of Regulations Title 17 Sec. 2606(a) as well as local county and municipal codes.