



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 _____ Treatment Date _____ Clinic/Facility _____ Phone _____ Part of body bitten _____ Description of injury (Severity/Punctures, tears, etc.) _____ _____ _____ Severity Minor Moderate Severe Treatment required _____ _____
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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.