SAN LUIS OBISPO COUNTY SHERIFF'S DEPARTMENT
ANIMAL SERVICES DIVISION
885 Oklahoma Avenue, San Luis Obispo, CA 93405
805-781-4400 fax 805-781-1065

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.

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