

COUNTY OF SAN LUIS OBISPO DIVISION OF ANIMAL SERVICES

ANIMAL BITE REPORT



VICTIM INFORMATION										
Victim Name							Date of Birth			
Parent/Guardian (if victim is a minor)							Relationship			
Address				City			State		Zip	
Home Phone			Mobile Phone			Work Phone				
ANIMAL INFORMATION										
Owner's Name								Relationship to victim		
Address	City				State			Zip		
Home Phone			Mobile Phone				Nork Phone			
Animal Name					☐ Cat ☐ Dog	Wildlife				
Breed					Gender Spa			Spayed	yed / Neutered Yes	
Primary Color	Secondary Color			Markings						
Vaccinated against rabies? Yes No Unkn				Clinic / Veterinarian administering vaccination						
CIRCUMSTANCES										
Bite Date Tir	me □,	АМ □РМ		as the bite						
Address/Location where bite occurred										
Describe the circumstances of the bite										
Information below this line to be completed by Health Care Provider										
HEALTH CARE PROVIDER INFORMATION										
Treating Facility/Clinic					erity of bite					
Contact Person Pho			Phone	hone			 Minor - Scratch or puncture of skin w/ or w/o limited associated bruising Moderate - Lacerations w/ limited separation of underlying tissue; significant crushing 			
				Iumber of bites Single Multiple			damage or bruising Severe - Lacerations w/ extensive separation of underlying tissue; significantly disfiguring lacerations; significant damage to vital			
organs or structures										