

Overnight Report
of Animal Bite, Scratch or Contact

Administrator-on-call _____

Today's date: ____/____/____

Date of incident: ____/____/____

Time received _____

Type of incident (bite, scratch, contact): _____

Time of incident: _____

Incident address: _____

Street

City/Town

State/Zip Code

Professional Reporting Contact Information (required):

Healthcare Provider

Hospital

Doctor

Police

Name/Title _____

Employer/Hospital _____

Business Address (Street/City): _____

Phone number: _____

Cell phone number: _____

Email address: _____

Animal Description

Type (dog, include breed; cat, etc): _____ Pets name: _____

Color of Animal: _____ Age of Animal: _____ Sex (male/female): _____

Veterinarian name and phone number: _____

Relation to victim (own, neighbor or family member's pet, stray, etc): _____

Pet Owner Information

Name: _____

Address (Street/City): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Victim Information

Name: _____

Address (Street/City): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email Address: _____

Age of victim: _____ Victim Sex (male/female): _____

Part of body injured: _____ Skin broken: _____ (yes/no)

What was victim doing at the time?: _____

