

Affidavit of a Biting/Scratching Animal

CASE#: _____

DO NOT SIGN OR DATE THIS AFFIDAVIT BEFORE _____ .

Description of the biting/scratching animal:

Pet's Name: _____

Type of Pet (Check one): Dog Cat Other _____

Breed: _____ Sex: _____ Color: _____ Age: _____

Last Rabies Vaccination:

Date received: _____ Expiration date: _____

Veterinarian administering rabies vaccination(s):

Name: _____

Address: _____

Phone: _____

Is animal sick (see enclosed letter for symptoms): No Yes

If yes, explain and call (914) 813-5000, immediately

Animal Owner Information:

Name: _____

Address: _____

Phone (day): _____ (evening): _____

Signature of animal owner: _____ Date signed: _____

Return completed form by Fax (914) 813-5160 or Email to DOH-avu@westchestergov.com

Westchester County Department of Health, Animal Vector Unit, 25 Moore Avenue, Mt. Kisco, NY 10549