

Affidavit of a Biting/Scratching Animal

CASE#: _____

DO NOT SIGN OR DATE THIS AFFIDAVIT BEFORE _____ .

<p>Description of the biting/scratching animal:</p> <p>Pet's Name: _____</p> <p>Type of Pet (Check one): Dog Cat Other _____</p> <p>Breed: _____ Sex: _____ Color: _____ Age: _____</p>
<p>Last Rabies Vaccination:</p> <p>Date received: _____ Expiration date: _____</p> <p>Veterinarian administering rabies vaccination(s):</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>
<p>Is animal sick (see enclosed letter for symptoms): No Yes</p> <p>If yes, explain and call (914) 813-5000, immediately</p>
<p>Animal Owner Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone (day): _____ (evening): _____</p> <p>Signature of animal owner: _____ Date signed: _____</p>

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