



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
 Phone: 213-288-7060 Email to: vet@ph.lacounty.gov Fax: 213-481-2375
publichealth.lacounty.gov/vet



ANIMAL CONTROL AGENCIES

Use this form to report animals suspected of being rabid, even if no bite occurred. If there was no bite, write "None" in the PERSON BITTEN section.

PERSON BITTEN					
Victim name (last and first)		Date of Birth		Address (number, street, city and zip)	
Victim phone number		Reported by:			Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)			Body location bitten
How bite occurred (explain)					
Date Treated		Hospitalized <input type="checkbox"/> YES <input type="checkbox"/> NO		Treated by	Phone number
Type of treatment					
ANIMAL					
Owner Name (last and first)			Address (number, street city and zip)		
Phone Number		Type of animal <input type="checkbox"/> Dog Breed _____ <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____		Description of animal (sex, color)	
Animal Impounded <input type="checkbox"/> YES <input type="checkbox"/> NO	Animal Shelter		Cage #	Impound #	
Was animal taken to a clinic for treatment <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide clinic address in this space.			
Current Rabies Vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Vaccinated		Animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not verified	
Animal licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		License number	Expiration date	City or county licensed in	
Animal Died? <input type="checkbox"/> Yes <input type="checkbox"/> No	Euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		If Euthanized, give reason:		
Specimen prepared and ready for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable					
Remarks:					
Agency taking report:					
Date		Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No		Initials