



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
 TEL: (213)-989-7060 or (877) 747-2243 FAX: (213) 481-2375
publichealth.lacounty.gov/vet



**MEDICAL ORGANIZATIONS
 ANIMAL BITE REPORTING FORM**

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	If yes, what shelter		Impound #	
Remarks				

Facility Taking Report:

Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> no	Initials
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