



FOR ALL CHARLOTTE COUNTY ANIMAL BITE INCIDENTS - PLEASE FAX THIS FORM TO 941.833.5691

Hospital/Clinic Reporting Bite:		Hospital/Clinic Contact Phone #	
Treatment Date:		Date Animal Bite Occurred:	
Victim's Name:	Sex:	Age:	Date Of Birth:
Victim's Address:	City:	Zip:	
Guardian:	Relationship:		
Home Phone:	Work Phone:		
Area of the Body injured by the Animal Bite:			
Type of Animal: (circle) _____ Dog Cat Feral Cat wildlife	Location of Animal that bit: _____	Medical Treatment Provided:	
NOTE: _____			

ANIMAL INFORMATION

Animal Owner's Name:		Owner's Address:	
Phone Number:		Cell/Work Phone Number:	
Animal Breed:	Animal Color:	Veterinary Clinic:	
Is Animal Vaccinated for Rabies: Yes No		Other Information:	