

ANIMAL BITE REPORT

FAX COMPLETED FORMS DIRECTLY TO THE HUMBOLDT COUNTY ANIMAL SHELTER (707) 840-9185

VICTIM INFORMATION

PLEASE WRITE LEGIBLY

PERSON BITTEN _____ SEX _____ DATE OF BIRTH _____

ADDRESS(PHYSICAL) _____ CITY/STATE _____

PARENT (IF MINOR) _____ PHONE NUMBER(S) _____

DATE BITTEN _____ PART OF BODY BITTEN _____

TREATED BY _____
PHYSICIAN _____ FACILITY _____ DATE _____

DESCRIBE INJURY _____ TREATMENT GIVEN _____

ADDRESS WHERE BITTEN _____

REPORTED TO LAW ENFORCEMENT? YES NO AGENCY? _____ DATE _____

IF YES: OFFICER/DEPUTY NAME _____ CASE NUMBER: _____

NOTE: CITY AND COUNTY ORDINANCES STATE THAT IS UNLAWFUL FOR ANY PERSON OF MATURITY OR THE GUARDIAN OR PARENT OF A MINOR CHILD TO FAIL TO REPORT TO THE HEALTH OFFICER THE FACT OF HAVING BEEN BITTEN OR A PERSON UNDER THEIR CUSTODY HAVING BEEN BITTEN. FAILURE TO REPORT BITES IS A MISDEMEANOR AND WILL BE PROSECUTED.

CIRCUMSTANCES OF BITE: POLICE K-9 UNPROVOKED PLAYFUL PROVOKED
 SICK/HURT UNKNOWN OTHER _____

ANIMAL INFORMATION

UNKNOWN WILDLIFE (SPECIFY) _____

OWNER _____ PHONE NUMBER(S) _____

ADDRESS _____ CITY _____ STATE _____

SPECIES _____ BREED _____ COLOR _____ NAME _____ SEX _____ AGE _____

DOG LICENSE NO. _____ YEAR _____ FROM _____

VACCINATION STATUS
 VACCINATED UNVACCINATED UNKNOWN
VET HOSPITAL _____ VACCINATION DATE _____ RABIES TAG NO _____

QUARANTINE INFORMATION

UNABLE TO QUARANTINE/LOCATE

QUARANTINED AT _____ BY _____ DATE _____

RELEASED FROM QUARANTINE BY _____ DATE _____

LAB SPECIMEN SUBMITTED (DATE) _____ REPORT RECEIVED (DATE) _____

LAB FINDINGS _____ VICTIM NOTIFIED (DATE) _____ BY _____

COUNTY AND CITY ORDINANCES REQUIRE ANIMALS WHO HAVE BITTEN ANY PERSON TO BE QUARANTINED AND ISOLATED UNDER PROPER CARE AND SUPERVISION. THIS MAY BE DONE ON THE OWNER'S PREMISES AT THE DISCRETION OF THE HEALTH OFFICER. IT IS UNLAWFUL FOR ANY PERSON TO RELEASE AN ANIMAL IMPOUNDED OR QUARANTINED EXCEPT UPON WRITTEN RELEASE OF THE HEALTH OFFICER. IT IS UNLAWFUL FOR ANY PERSON TO KILL, DESTROY OR OTHERWISE DISPOSE OF ANY ANIMAL UNDER QUARANTINE.

IN CONSIDERATION OF THE ANIMAL BEING QUARANTINED ON MY PROPERTY, I AGREE TO NOTIFY THE HEALTH OFFICER OF ANY UNUSUAL BEHAVIOR OR SICKNESS, PROPERLY FEED AND HOUSE THE ANIMAL, AND KEEP IT UNDER QUARANTINE CONFINEMENT AND ISOLATION UNTIL RELEASED AND ASSUME ALL RESPONSIBILITY FOR SAID CARE AND CUSTODY.

SIGNED: _____ DATE _____ WITNESS _____