

Animal Bite

Date: _____

Reporting Agency: Springfield Police Department

Reporting Employee: via Online Reporting

PERSON BITTEN INFORMATION

Name _____ Phone(s) _____

Address _____ City _____ State _____ Zip Code _____

Sex Female Male

HISPANIC Yes No Unknown Decline

DATE OF BIRTH _____

RACE White Black American Indian Decline

Or, if unknown, AGE _____

Asian/Pacific Islander unknown other _____

BITE OR OTHER EXPOSURE

Date _____ Time _____ am pm provoked unprovoked

Incident Address _____

Description of injuries (bite location on body) _____

Describe Incident _____

ABOUT THE ANIMAL

Ownership

victim's household pet stray

acquaintance's pet wild

stranger's pet unknown

RABIES IMMUNIZATION HX

unknown vaccinated; current

unvaccinated vaccinated; not current

last shot given _____

Owner _____

Phone(s) _____

Address _____

Age, sex, and breed of animal _____

LANE COUNTY STAFF USE ONLY:

DISPOSITION OF ANIMAL AND RECOMMENDATIONS

PLAN FOR ANIMAL

lost to follow-up home "quarantine" refer to Vet. Diagnostics

hold for 10-day observation shelter "quarantine" _____

LANE COUNTY STAFF USE ONLY:

Quarantine Start Date _____

Quarantine End Date _____

Inspector name _____ Date _____

Signed _____ Phone # (____) _____