



# ANIMAL BITE REPORT

County of San Luis Obispo Animal Services Division

865 Oklahoma Avenue | San Luis Obispo, CA 93405 | (P) 805-781-4400 | (F) 805-781-1065  
comments@sloanimalservices.com | www.sloanimalservices.com



## VICTIM INFORMATION

Victim Name		Date of Birth	
Parent/Guardian (if victim is a minor)		Relationship	
Address	City	State	Zip
Home Phone	Mobile Phone	Work Phone	

## ANIMAL INFORMATION

Owner's Name		Relationship to victim	
Address	City	State	Zip
Home Phone	Mobile Phone	Work Phone	
Animal Name	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Wildlife _____ <input type="checkbox"/> Other _____	
Breed	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed / Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Color	Secondary Color	Markings	
Vaccinated against rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unkn	Vaccine Date	Clinic / Veterinarian administering vaccination	

## CIRCUMSTANCES

Bite Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Was the bite.... <input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked
Address/Location where bite occurred		Was the animal owner present at the time of the bite? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the circumstances of the bite		

*Information below this line to be completed by Health Care Provider*

## HEALTH CARE PROVIDER INFORMATION

Treating Facility/Clinic	Treatment Date	Severity of bite <input type="checkbox"/> <b>Minor</b> - Scratch or puncture of skin w/ or w/o limited associated bruising <input type="checkbox"/> <b>Moderate</b> - Lacerations w/ limited separation of underlying tissue; significant crushing damage or bruising <input type="checkbox"/> <b>Severe</b> - Lacerations w/ extensive separation of underlying tissue; significantly disfiguring lacerations; significant damage to vital organs or structures
Contact Person	Phone	
Location / Part of Body Bitten	Number of bites <input type="checkbox"/> Single <input type="checkbox"/> Multiple	
Treatment Required		

Return completed form to Animal Services by fax at (805)781-1065, emailing comments@sloanimalservices.com, or by mail to **Division of Animal Services - 865 Oklahoma Ave., San Luis Obispo, CA 93405.**