PLEASE PRINT

STATE LAW REQUIRES COMPLETED FORM TO BE IMMEDIATELY FAXED TO:
(650) 685-0102

ANIMAL BITE REPORT

Reporting Facility / Person: ___________________________ Date Reported: ____________
Address: ___________________________ Tel: ____________

OWNER OF ANIMAL
Name: ___________________________ CH ID: ___________
Street Address: ___________________________ City: _________ Zip: ___________
Tel: Home ___________ Work ___________

PERSON BITTEN
Name: ___________________________ DOB: __ / __ / __
Street Address: ___________________________ City: _________ Zip: ___________
Tel: Home ___________ Work ___________

ANIMAL
Species: □ Dog □ Cat □ Other: ___________________________
Name of Animal: ___________________________
Age: _________ Breed: ___________ Color: ___________
Sex: □ Male □ Female □ Altered □ Unknown
Was: □ Leashed □ Fenced □ Loose
Current Rabies Shot? □ Yes □ No □ Unknown

BITE
Address or place where bite occurred: ___________________________
Date Bitten: ____________ Time: ____________ □ AM □ PM
Where on body bitten: ___________________________
Skin broken? □ Yes □ No

MEDICAL CARE OBTAINED? □ Yes □ No If yes, complete the following:
Physician: ___________________________
Physician's Tel: ____________

EXPLAIN CIRCUMSTANCES OF BITE INCIDENT OR ANY PREVIOUS BITE INCIDENT:

BELOW TO BE FILLED OUT BY ANIMAL SHELTER

Date Quarantined: ____________ By: ____________
□ Home □ Shelter □ Other: ____________
Other Address: ___________________________
City: _________ Zip: __________ Tel: ___________
Animal No.: ___________ Kennel No.: ___________
License No.: ___________ Expiration: ____________

Date Released: ____________ By: ____________
Quarantine Failure: □ Reason:
Rabies Failure Specimen to Health Department □
Delivered by: ___________________________ Date: ____________
Rabies Vaccine Mfr: ___________________________ Expiration: ____________
Given by: ___________________________ Lot/Tag No.: ____________
Condition of Animal Upon Release: ____________

I, the undersigned owner or person having control of the animal described in this Animal Quarantine/Bite Report, received and understand the requirements of this quarantine and will notify the PENINSULA HUMANE SOCIETY & SPCA immediately should the described animal become sick, injured, lost or die during the designated time period. In addition, I understand that I will be invoiced a quarantine fee of $50 per SM County Ordinance 6.04.290.

SIGNATURE: ___________________________ DATE: ____________

OFFICERS’ COMMENTS, CONTACTS AND ACTIVITIES ON BACK OF FORM

Return Form to:
Peninsula Humane Society & SPCA
12 Airport Boulevard
San Mateo, CA 94401
Tel (650) 340-8200
Fax (650) 685-0102

DATE OF BITE
DATE DUE OUT
DATE RELEASED
RELEASED BY

OFFICIAL USE ONLY
BITE REPORT NO. ____________

FRA Result ____________ FRA Test Date ____________ PH Staff Initials ____________

ALL OR PORTIONS OF THIS FORM MAY BE DISCLOSED UNDER THE CA PUBLIC RECORDS ACT 6250-6276.48.
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BLUER-PHS Officer Copy YELLO—PHS Permanent File Copy

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