ANIMAL BITE REPORT

Reporting Facility / Person: ___________________________ Date Reported: ____________________
Address: ___________________________________________ Tel: ___________________________

OWNER OF ANIMAL

Name: _____________________________________________ CH ID: ___________________________
Street Address: ___________________________________ Zip: ____________________________
City: ___________________________ State: ___ Zip: __________________________
Tel: Home ___________________ Work __________________

PERSON BITTEN

Name: _____________________________________________ CH ID: ___________________________
DOB: ___ / ___ / __________
Street Address: ___________________________________ Zip: ____________________________
City: ___________________________ State: ___ 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: Date of Visit:
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: ___________________________ State: ___ Zip: __________________________
Tel: ___________________________ Fax: ___________________________
Animal No.: ____________________ Kennel No.: ___________________________
License No.: ____________________ Expiration: ___________________________

Date Released: __________________ By: ___________________________
Quarantine Failure: [ ] Reason: ___________________________
Rabies 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: ___________________________
DUE DATE OUT: ___________________________
DATE RELEASED: ___________________________
RELEASED BY: ___________________________

OFFICIAL USE ONLY

BITE REPORT NO. ___________________________
FRA Result __________________ FRA Test Date __________ PH Staff Initiate ______

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