

PLEASE PRINT



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

ANIMAL BITE REPORT

Do not submit this form if skin was not broken or victim was only scratched.

Reporting Facility / Person: _____ Date Reported: _____

Address: _____ Tel: _____

OWNER OF ANIMAL CH ID _____ Name: _____ Street Address: _____ City: _____ Zip: _____ Tel: Home _____ Work _____

PERSON BITTEN CH ID _____ 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: Date of Visit _____ Physician: _____ Physician's Tel: _____ Treatment: _____

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: _____ Tel: _____ 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 \$35 per SM County Ordinance 6.04.270.

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 Initials _____

ALL OR PORTIONS OF THIS FORM MAY BE DISCLOSED UNDER THE CA PUBLIC RECORDS ACT 6250-6276.48.

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