



ANIMAL BITE REPORT

****Animal Bite Reports must be accompanied by the proper Incident Report****

Full Name: _____

Home Address: _____

Primary Phone #: _____

Date and Time of Bite: _____

Animal Name: _____ Species: ☐ Cat ☐ Dog ☐ Other: _____

Animal A#: _____

Describe Circumstances of Bite:

Signed _____

Date _____

HSCC Supervisor _____

Date _____

** For any animal bite, HSCC recommends you consult with your physician*

BQ Dates: _____ to _____

PetPoint: ☐ Location updated ☐ Behavior Test