Springdale City
ANIMAL BITE INVESTIGATION FORM

ID #: Date of Bite: //
Reported By: Date Received: //
Owner: P.S.:

Inspector:

Person Bitten: , Age:

Parent: Phone:
P.S.:

Bite Location:

Exposure:

Hospital/Phys.: Phone: Vaccines Given: No

Victim Notified of Results: // Notified by:

Type/Species: / Animal's Sex: Neutered:

Animal Color:

Animal Name:

Mixed Breed ?: Dog Breed: Animal Owned:

Veterinarian: Vet's Phone:

Confined Until: // Place of Confinement:

First Observation: // Second Observation: //

Date Imm.: // Animal Immunized at time of bite: No

Head Sent to Lab: Results:

Comments:

Initial Investigation: __/__/__ Date Mailed: __/__/__ Referred to:

Investigation Notes: _____________________________________________
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________________________________________________________________
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Animal Killed or Died and Symptoms: ___________________________________