



ANIMAL BITE REPORT FORM

Required by Oregon State Law OAR 333-019-0024

Complete form and fax to:

Polk County Public Health 503-831-3499 AND Polk County Animal Control (503) 623-2060

VICTIM INFORMATION

Date: _____ Time: _____ a.m. p.m
Name: _____ DOB: _____ Age: _____
Address: _____ Phone: () _____ - _____
Parent / Guardian Name (If victim under 18 years): _____
Injury: (circle) Finger Hand Arm Thigh Calf Face Other _____
Severity: (circle) Scrape (skin broken) Puncture Tear Stitches Other _____
First Aid: (circle) Cleansed Disinfected Tetanus Antibiotics Other _____

ANIMAL OWNER

Victim's pet Acquaintance's pet Stranger's pet Stray Wild Unknown
Name: _____ DOB: _____
Address: _____ Phone () _____ - _____

ANIMAL INFORMATION

Type: Dog Cat Other _____ Spayed/neutered: Yes No Unknown
Description: Color _____ Breed _____ Sex M / F
Name: _____ Age: _____ Vet Office: _____
Rabies vaccine: Yes No Date of last rabies vaccine: _____
Licensed: Yes No Unknown

ANIMAL BITE

Provoked: Yes No -- If no, does the animal have unusual aggression and/or behavior? Yes No
Bite due to: (circle) Protecting territory Startled Concerned Harmed Picked up Injured Fighting
Explain incident: _____

ANIMAL STATUS

FOR COUNTY USE ONLY

10 Day home confinement 10 Day shelter quarantine Dog at large
Licensed: Yes No Citation Issued: Yes No Date sample submitted to lab: _____

DISPOSITION / CONFINEMENT STATUS

Healthy animal after 10 days: Yes No -- If no explain/describe behavior _____
Owner informed: (circle) Phone Message Mail Victim informed: (circle) Phone Message Mail
Date released from confinement: _____ Lab results: Positive Negative

DO NOT DESTROY OR REMOVE ANIMAL