

# RECORD OF ANIMAL BITE

Date of report: \_\_\_\_\_  
Reported by: \_\_\_\_\_

Date of bite: \_\_\_\_\_; Time of bite: \_\_\_\_\_ AM \_\_\_ or PM \_\_\_  
Address of bite: \_\_\_\_\_ City: \_\_\_\_\_

## CIRCUMSTANCES OF BITE:

### PERSON BITTEN:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

If Minor, Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Mailing (if different than above) \_\_\_\_\_

Part of body bitten: \_\_\_\_\_

### ANIMAL OWNER:

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Is animal located at this address: Yes \_\_\_ No \_\_\_ Where located: \_\_\_\_\_

### ANIMAL:

Species: Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_ Color, Breed & Name \_\_\_\_\_ Age: \_\_\_\_\_

Spayed/Neutered? Yes \_\_\_ No \_\_\_ Rabies Vaccination Current? Yes \_\_\_ No \_\_\_ Veterinarian \_\_\_\_\_

### MEDICAL:

Wound cleaned with soap and water? \_\_\_\_\_

Tetanus immunization current? \_\_\_\_\_

Victim cautioned about risk of infection? \_\_\_\_\_

Date of last tetanus Immi: \_\_\_\_\_ ✓

Disinfectant applied? \_\_\_\_\_

Antibiotic prophylaxis? \_\_\_\_\_

Treating Physician: \_\_\_\_\_

Other medical treatment: \_\_\_\_\_

\* Fax same day to Lincoln County Health and Human Services 541-574-6252 and  
Lincoln County Animal Control 541-265-4917



Lincoln County  
Record of Animal Bite



Public Health  
Prevent. Promote. Protect.

Lincoln County  
Environmental Health