

ANIMAL CARE AND CONTROL  
1200 15<sup>TH</sup> STREET ~ SAN FRANCISCO, CA 94103 ~ FAX TO: 415-864-2866  
**ANIMAL BITE REPORT**

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Reporting Institution: \_\_\_\_\_

Date of Bite: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Location where bite occurred: \_\_\_\_\_

Description of animal (include breed,  
color and size): \_\_\_\_\_

Leash: Yes \_\_\_\_\_ No \_\_\_\_\_

Owner of animal: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Person bitten (Victim): \_\_\_\_\_ Age: \_\_\_\_\_

Victim's address: \_\_\_\_\_ Phone: \_\_\_\_\_

Part of Body Bitten: \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

Detail treatment: \_\_\_\_\_

Description of bite (specific injuries): \_\_\_\_\_

Name and address of treating physician: \_\_\_\_\_

Information supplied by: Victim: \_\_\_\_\_ Police: \_\_\_\_\_ Parent: \_\_\_\_\_ Other: \_\_\_\_\_

Circumstances of bite  
(what happened): \_\_\_\_\_

(Send all reports to Field Services at Animal Care and Control.)

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