

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

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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