

# Ogle County Animal Control

105 S. 5<sup>th</sup> St., Suite 112, Oregon, IL 61061

Phone: 815-732-1185 Fax: 815-732-3080

## ANIMAL BITE INFORMATION

Date of Bite \_\_\_\_\_ Reported By \_\_\_\_\_

### VICTIM INFORMATION:

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Where (on body) Bitten \_\_\_\_\_

Parents of Person Bitten (if child) \_\_\_\_\_

Address of Parents \_\_\_\_\_

Parents Phone Number \_\_\_\_\_

### ANIMAL INFORMATION:

Type of animal (dog/cat/bat etc.) \_\_\_\_\_ Breed \_\_\_\_\_

Color/Markings of Animal \_\_\_\_\_ Animal Name \_\_\_\_\_

Male or Female \_\_\_\_\_

The following information applies to dogs only:

Is Animal Vaccinated \_\_\_\_\_ Vaccination Expiration \_\_\_\_\_

Tag Number \_\_\_\_\_ Tag Expiration: \_\_\_\_\_

Veterinary Clinic where dog was vaccinated \_\_\_\_\_

### ANIMAL / PET OWNER INFORMATION:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

The animal/pet owner is to confine animal/pet at home for 10 days unless otherwise notified. If a dog is unvaccinated, or if the animal/pet has bitten the victim in the head or face, the animal/pet must be confined at a veterinary clinic rather than at home (unless otherwise instructed by the Ogle County Animal Control Office). The animal/pet owner will receive a copy of an animal bite report and the report is to be signed by a veterinarian upon examination after the 10 day holding period.

\* FAX COMPLETED FORM TO 815-732-3080 \*