Ogle County Animal Control  
105 S. 5th 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 *

Revised January 2018