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 __________
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 *