

ANIMAL BITE FORM
Lane County Animal Services
 (541) 682-3645 / Fax (541) 682-2009

Date: _____ / _____ / _____

CASE IDENTIFICATION - PERSON BITTEN

Name _____ Phone(s) _____

Address _____ City _____ State _____ Zip Code _____

Sex Female Male

HISPANIC Yes No Unknown

DATE OF BIRTH _____ / _____ / _____

RACE White Black American Indian

Or, if unknown, AGE _____

Asian/Pacific Islander unknown other _____

BITE OR OTHER EXPOSURE

Date _____ / _____ / _____ Time _____ am pm provoked unprovoked

Incident Address _____

Bite Location(s) on Body _____

Describe circumstances _____

****THIS FORM DOES NOT SERVE AS A DANGEROUS DOG COMPLAINT. PLEASE CONTACT LCAS AT 541-682-3645 OR VIA EMAIL AT LCAS@LANECOUNTYOR.GOV TO FILE A COMPLAINT.****

ABOUT THE ANIMAL

OWNERSHIP

victim's household pet stray

acquaintance's pet feral


stranger's pet unknown

RABIES IMMUNIZATION

Rabies Expires: _____ / _____ / _____

Vet Clinic: _____

No rabies vaccine unknown



Owner(s) _____
 Phone(s) _____
 Address _____

Animal description (breed, gender, age, color, name):

PLACE OF QUARANTINE

home "quarantine" quarantine process explained _____ / _____ / _____

shelter "quarantine" / Shelter name: _____

Shelter address/phone: _____ / _____

Quarantine Start Date _____ / _____ / _____
 Quarantine End Date _____ / _____ / _____
 Released healthy _____ / _____ / _____
 Contact with _____
 Comments _____

Agency Representative

Print name _____

Signed _____ Date _____ Phone # (____) _____