

REPORT OF BITE BY A DOMESTIC ANIMAL

steinerinjurylaw.com
Toll Free: (888) 885-8529
Fax: (800) 391-7242
Local: (916) 883-1529



Facility Information						
Hospital/Clinic/Office						
Phone						
Person Bitten						
Name				Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	
Address	Street	City		State	Zip	
Phone	Home	Work	Cell			
Parent or Guardian						
Exposure						
Date of Exposure	Exposure Type		<input type="checkbox"/> Bite <input type="checkbox"/> Scratch contaminated with saliva			
Body Site (of wound)						
Animal Owner						
Name						
Address	Street	City		State	Zip	
Phone	Home	Work	Cell			
Animal						
Species	<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> FERRET <input type="checkbox"/> OTHER _____					
Breed	Animal's Name					
Color/Description						
Rabies vaccinated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Date		
Stray	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Current Location of Animal OR If Unknown, Where Animal Was Last Seen						