



REPORT OF ANIMAL BITE

Today's Date _____ Date of Bite _____

Reporting Agency _____

Reporting Person Name _____ Police Report # _____

VICTIM INFORMATION

Name(s) _____ Victim DOB _____

Street Address _____ Apt/Unit _____

City, State, Zip _____

Phone _____ Email _____

Location of Injuries on Body _____

Location/Address of Incident _____

Treated at (Medical Facility) _____

Circumstances of Bite _____

ANIMAL OWNER INFORMATION

Name(s) _____

Street Address _____ Apt/Unit _____

City, State, Zip _____

Phone _____ Email _____

BITING ANIMAL INFORMATION

Name _____ Age _____ Species _____ Breed _____

Color/Markings _____ Sex M F Spay/Neutered Y N

Date of Last Rabies Vaccination _____ Rabies Tag # _____

Veterinary Hospital _____ Microchip # _____

This report must be sent within 24 hours of completion either via fax to 630-407-2801 or email to animalservices@dupageco.org