



# DuPage County Animal Services

120 North County Farm Road Wheaton, IL 60187 | 630-407-2800

## REPORT OF RABIES OBSERVATION & CONFINEMENT OF BITING ANIMAL

Date of Bite \_\_\_\_\_

Bite Case # \_\_\_\_\_

### Pet Owner Information

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### Biting Animal Information

Name \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Color/Markings \_\_\_\_\_ Sex  M  F Spayed/Neutered  Y  N

Date of Last Rabies Vaccination \_\_\_\_\_ Rabies Tag # \_\_\_\_\_

### Observation and Confinement Details

Veterinary Hospital/Clinic \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**FIRST** Examination Date \_\_\_\_\_ Microchip # \_\_\_\_\_

Results \_\_\_\_\_

Attending Veterinarian \_\_\_\_\_ Signature \_\_\_\_\_

PRINT NAME

**FIFTH** Day Examination Date \_\_\_\_\_ (required if animal is not current with rabies vaccination)

Results \_\_\_\_\_

Attending Veterinarian \_\_\_\_\_ Signature \_\_\_\_\_

PRINT NAME

**FINAL Day 10** Examination Date \_\_\_\_\_

Final Disposition of the Animal \_\_\_\_\_

Date of Rabies Vaccination (if required) \_\_\_\_\_ Rabies Tag # \_\_\_\_\_

Attending Veterinarian \_\_\_\_\_ Signature \_\_\_\_\_

PRINT NAME