

MACOMB COUNTY ANIMAL BITE REPORT FORM
THIS FORM IS TO BE USED FOR ALL ANIMAL BITES

Person Bitten: _____

Address: _____

City/Twp: _____

Phone: _____ Age: _____ Date of Incident: _____ Type of Bite: _____

Treatment: Yes No Unk Body Location of Bite: _____

Dr. or Hospital: _____

Municipality In Which Bite Occurred: _____

Animal Owner: _____

Address: _____ Zip Code: _____

City/Twp: _____ Phone: _____

Animal: _____ Breed: _____ Color: _____

Rabies Vaccination Expiration: _____ Quarantine: Yes No Where: _____

Narrative: _____

Reporting Agency: _____ Reported by: _____

**IMMEDIATELY FAX THE BITE INFORMATION TO THE
MACOMB COUNTY ANIMAL SHELTER AT 586-783-0906.
MAIL THE ORIGINAL TO THE ADDRESS ON THE BACK.**



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 105 MT. CLEMENS, MICHIGAN

POSTAGE WILL BE PAID BY THE ADDRESSEE

ANIMAL CONTROL
MACOMB COUNTY HEALTH DEPARTMENT
43525 ELIZABETH ST
MT CLEMENS MI 48043-9979

