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.