

WARREN COUNTY SHERIFF'S DEPARTMENT ANIMAL BITE REPORT

Revised 06/04/05

WCSD INCIDENT CARD INFORMATION

CASE NUMBER:	DATE OF ANIMAL BITE:	TIME OF INCIDENT:	TIME REPORTED:
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LOCATION OF INCIDENT:

INFORMATION ON PERSON BITTEN / SCRATCHED / OR ATTACKED BY ANIMAL

NAME: Last, First, Middle Initial	Social Security Number:	Date of Birth:	Age:
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CURRENT STREET ADDRESS: Not Post Office Box	MAILING ADDRESS: If Different Than Street Address
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CITY, STATE, AND ZIP CODE:

SEX:	RACE:	HEIGHT:	WEIGHT:	HAIR:	EYES:	HOME TELEPHONE NUMBER:
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IF VICTIM IS LESS THAN 18 YEARS OLD, LIST NAME OF PARENT OR LEGAL GUARDIAN:	HOME TELEPHONE NUMBER:
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LOCATION OF INJURY ON VICTIM'S BODY:	MEDICAL ATTENTION REQUIRED: YES NO
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NAME OF HOSPITAL:	DOCTOR'S NAME:
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CURRENT STREET ADDRESS: Not Post Office Box	MAILING ADDRESS: If Different Than Street Address
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INFORMATION ON ANIMAL

DESCRIPTION OF ANIMAL:

IF ANIMAL IS LOCATED, RECORD THE DATE QUARANTINE BEGINS:	TIME:
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DATE ANIMAL CAN BE RELEASED FROM QUARANTINE:	TIME:
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RABIES INOCULATION TAG NUMBER:	NAME OF VETERINARIAN:
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INFORMATION ON OWNER OF ANIMAL

NAME: Last, First, Middle Initial	Social Security Number:	Date of Birth:	Age:
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CURRENT STREET ADDRESS: Not Post Office Box	MAILING ADDRESS: If Different Than Street Address
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CITY, STATE, AND ZIP CODE:	TELEPHONE NUMBER:
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COMMENTS / NOTES:

REPORTING DEPUTY'S SIGNATURE:	APPROVING SUPERVISOR'S SIGNATURE:
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