



VETERINARY PUBLIC HEALTH PROGRAM
Animal Bite Reporting Form
Animal Control, Shelters & Veterinary Clinics



Instructions: Use this form to report animal bites to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. For more information about rabies in Los Angeles County, visit our website: <http://publichealth.lacounty.gov/vet/>.

Date form completed: _____ **Please submit completed form to vet@ph.lacounty.gov OR fax to (213) 481-2375.**

1. REPORT INFORMATION					
Report date:	Reporter name (victim, owner, etc.):	Reporter phone #:	Reporter email:		
2. SHELTER/VETERINARY CLINIC TAKING REPORT					
Facility submitting report:		Submitter's name:		Facility phone #:	
3. PERSON BITTEN					
Bite victim first name:		Bite victim last name:		Date of birth:	
Street address (building #, street name, apt/unit#):			City:	State:	Zip code:
Bite victim phone #:		Bite victim email address:			
4. DESCRIPTION OF INCIDENT					
Date bitten:	Time bitten (AM/PM):	Country where incident occurred (if not US):			
Street address where incident occurred:			City:	State:	Zip code:
How bite occurred (explain):					
5. HUMAN INJURY INFORMATION					
Location of bite(s) (e.g. face, leg, hand, torso):		Side of body affected: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Both		Date treated:	
Description of treatment:					
Treating facility/provider name:	Provider phone number:	Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital name:		
6. ANIMAL OWNER					
Animal owner first name:		Animal owner last name:			
Street address (building #, street name, apt/unit#):			City:	State:	Zip code:
Animal owner phone #:		Animal owner email address:			
7. BITING ANIMAL INFORMATION					
Biting animal species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		Breed:	Age:	Animal sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk	Sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Animal name:	Animal color:	Animal vaccinated for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Date last vaccinated for rabies:	
Animal died: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, reason:		Specimen prepared for rabies testing: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of death/euthanasia:				
Animal licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Jurisdiction animal licensed in:		License number:	Expiration Date:	
Animal impounded: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shelter:		Impound #:	Cage:	
8. ADDITIONAL INFORMATION/COMMENTS:					