



ANIMAL BITE REPORT

RABIES CONTROL INVESTIGATION

Please **PRINT** information clearly

Date of Report: _____

1. Merlin Case Number:
2. AC Case Number:

3. Name of Bite Victim (Last, First):	4. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	5. Age:	6. Date of Birth:	7. Race (circle): Black White Asian Am. Indian Other
8. Ethnicity (circle): Hispanic Non-Hispanic	9. Telephone:		10. Insurance Y / N: Name:	
11. Address (No. & Street): (City) (State) (Zip)				
12. Name of Parent/Guardian (if victim is a minor):			13. Address (if different than above):	
14. Source of Information (Person or Office):			Telephone:	
15. Place of Attack:			16. Time and Date of Attack:	
17. Circumstances of Attack: <input type="checkbox"/> K-9 (Police Action) <input type="checkbox"/> Unknown <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Provoked <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Other _____				
18. Animal Owner (Custodian):			Telephone:	
19. Address (No. & Street): (City) (State) (Zip)				
20. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Owned <input type="checkbox"/> Male <input type="checkbox"/> Spayed/Neutered Estimated Age: <input type="checkbox"/> Stray <input type="checkbox"/> Female <input type="checkbox"/> Unaltered <input type="checkbox"/> Wild <input type="checkbox"/> Unknown				
21. Description (Breed, Color, Etc.):			22. License Number: Date: From:	
23. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown			24. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Vaccination Status: Vaccination Date: Rabies Tag No.: <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unk. VET: <input type="checkbox"/> 3 Year Vaccine <input type="checkbox"/> 4 Year Vaccine				
26. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined From Date: To Date:				
27. Additional Comments:				
28. Person Completing Form:			Telephone:	

FAX to Pasco County Animal Services: (813) 929 - 1218