**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: □M □ 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: □ K-9 (Police Action) □ Unknown □ Unprovoked □ Playful □ Provoked □ Sick/Hurt □ Other |

18. Animal Owner (Custodian): Telephone: |

19. Address (No. & Street): (City) (State) (Zip)

20. Type of Animal: □ Dog □ Cat □ Other (specify) □ Owned □ Male □ Spayed/Neutered Estimated Age: □ Stray □ Female □ Unaltered □ Wild □ Unknown |

21. Description (Breed, Color, Etc.): |

22. License Number: Date: From:

23. Behavior: □ Normal □ Abnormal □ Unknown 24. Prior Bite History: □ Yes □ No

25. Vaccination Status: Vaccination Date: Rabies Tag No.: □ 1 Year Vaccine □ 3 Year Vaccine □ 4 Year Vaccine □ Vaccinated □ Unvaccinated □ Unk. VET: |

26. Animal Location: □ Unable to Locate Animal □ Animal Confined From Date: To Date: |

27. Additional Comments: |

28. Person Completing Form: Telephone: |

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