

PLEASE PRINT



ANIMAL CONTROL BITE REPORT

Reporting Facility / Person: _____ Date Reported: _____

Guardian or Parent (If victim is a minor) : _____ Tel: _____

PERSON BITTEN

Name: _____ DOB: ___ / ___ / ___

Street Address: _____

City: _____ Zip: _____

Tel: Home _____ Work _____

OWNER OF ANIMAL

Name: _____

Street Address: _____

City: _____ Zip: _____

Tel: Home _____ Work _____

ANIMAL

Species: ___ Dog ___ Cat Other: _____

Name of Animal: _____

Age: _____ Breed: _____ Color: _____

Sex: ___ Male ___ Female ___ Unknown

Was: ___ Leashed ___ Fenced ___ Loose

Current Rabies Vaccination? ___ Yes ___ No ___ Unknown

Vaccination Date: _____ Expiration: _____ Vet: _____

BITE

Address or location where bite occurred: _____

Date Bitten: _____

Bite Severity: ___ Minor ___ Severe

Where on body bitten: _____

Circumstances: ___ Unprovoked ___ Provoked ___ Unintentional

MEDICAL CARE OBTAINED? ___ Yes ___ No If yes, complete the following: Date of Visit _____

Physician: _____ Physician's Tel: _____ Hospital: _____

EXPLAIN CIRCUMSTANCES OF BITE INCIDENT OR ANY PREVIOUS BITE INCIDENT: _____

BELOW TO BE FILLED OUT BY ANIMAL SHELTER

Date Quarantined: _____ **By:** _____

Shelter ___ Other ___ **Surrendered:** ___ Yes ___ No

Other Name: _____

Address: _____

City: _____ Tel: _____

Animal No.: _____ **Kennel No.:** _____

License No.: _____ Expiration: _____

Date Released: _____ **By:** _____

Quarantine Result: ___ Pos. ___ Neg.

Vet Check: Temp. ___ N ___ Abn. Eyes: ___ N ___ Abn.

Observation Results: ___ Pos. ___ Neg.

Rabies Specimen to Health Department

Test Results: ___ Pos. ___ Neg.

Signature of Release: _____

I, the undersigned owner or person having control of the animal described in this Animal Quarantine / Bite Report, have had explained and understand the requirements of this quarantine per NAC 441A.410.

SIGNATURE: _____ **DATE:** _____

OFFICERS' COMMENTS, CONTACTS AND ACTIVITIES ON BACK OF FORM

Return to: Nye County Animal Control 1510 Siri Lane, Suite #2 Pahrump, NV 89060 Tel (775) 751-6315 Fax (775) 751-6323	DATE OF BITE	OFFICIAL USE ONLY BITE REPORT NO. _____ Officer: _____ Report Date: _____ Supv. Initials: _____
	DUE DATE OUT	
	DATE RELEASED	
	RELEASED BY	