ANIMAL BITE REPORT FORM

Notice to patient: Pursuant to California Code of Regulation, Section 2606, all medical care providers must report animal bites to human within 24 hours of treatment. Pursuant to Health and Safety Code, Section 121705 **You are required** to provide true and correct information about the animal that bit you, the owner’s name and address (if known) and the location the incident occurred.

Please print the following information on this report as completely as possible. This report will be forwarded to the animal control agency where the bite occurred which will investigate the incident and make every effort to locate animal that bit you. If you have not had contact with the animal control agency within 48 hours of treatment, please contact them for follow up.

**Victim information:**

Name, First Name, Middle Initial M/F Age Date of Birth Home Phone Number Cell Phone Number

Address (Number, Street, Apartment#) City Zip Work Phone Number

Parent/Guardian Address if different than Victim

Date/Time of Bite Location/Address of Bite

Circumstance of Bite **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Animal Owner:**

Last Name, First Name, Middle Initial Home Phone Number Cell Phone Number

Address (Number, Street, Apartment#) City Zip Work Phone Number

Animal Description (Breed, Color, Sex, Size, License#, Collar, etc.)

**Medical Treatment Information: (Filled out by Medical Staff)**

Treatment Date: Hospital/Clinic Phone Number

Wound Type Location of Wound Details of treatment

Follow up treatment recommended Attending Physician (please print)

**Hospital Staff: Please fax this report to City of Turlock Animal Services 209-668-5101 or email: animalservices@turlock.ca.us within 24 hours of treating the patient. If bite occurred outside the City Limits of Turlock fax to Stanislaus County Animal Services 209-558-2145.**