

**Town Health Officer
Animal Bite Report Form***

Town: _____ **Health Officer:** _____

Animal Involved: Dog Cat Other _____

Date of Bite: _____ Time of Bite: _____ a.m. p.m.

Animal Found: Yes No

Location of Bite on Victim's Body: _____

Provoked Bite: Yes No Unknown

Name of Victim: _____ **Telephone:** _____

Address: _____

Doctor Contacted: _____ **Telephone:** _____

Address: _____

Owner of Animal: _____ **Telephone:** _____

Address: _____

Veterinarian: _____ **Telephone:** _____

Address: _____

Date of last Rabies Shot: _____ Rabies Tag #: _____

Action taken by Health Officer: _____

Comments: _____

*Keep a completed copy of this form in your town clerk's office for documentation purposes. This form does not need to be sent to the state.