

Town Health Officer Animal Bite Report*

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.