

**Springdale City
ANIMAL BITE INVESTIGATION FORM**

ID #: _____ Date of Bite: / /
Reported By: _____ Date Received: / /
Owner: _____ P.S.:

Inspector: _____

Person Bitten: _____ Age: _____
Phone: _____
P.S.: _____
Parent: _____
Bite Location: _____
Exposure: _____
Hospital/Phys.: _____ Phone: _____ Vaccines Given: No
Victim Notified of Results: / / Notified by: _____

Type/Species: / _____ Animal's Sex: _____ Neutered: _____
Animal Color: _____ Animal Name: _____
Mixed Breed?: _____ Dog Breed: _____ Animal Owned: _____
Veterinarian: _____ Vet's Phone: _____
Confined Until: / / Place of Confinement: _____
First Observation: / / Second Observation: / /
Date Imm.: / / Animal Immunized at time of bite: No
Head Sent to Lab: _____ Results: _____

Comments: _____

Initial Investigation: ___/___/___ Date Mailed: ___/___/___ Referred to: _____

Investigation Notes: _____

Animal Killed or Died and Symptoms: _____