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"Working towards a healthy and safe Putnam County"

ANIMAL BITE REPORT

All known information must be completed

Reporter Information:

Agency/Facility Reporting: _____ Date of Bite: _____
Completed By: _____ Date Reported: _____

Patient Information:

Patient's Name: _____ Age: _____
If minor, parents' name: _____
Patient's Mailing Address: _____
City: _____ State: _____ Zip: _____
Patient's Phone Number: _____

Address where bite occurred:

Circumstances preceding bite:

Biting Animal Information:

Species: _____ Breed: _____ Color: _____
Sex: _____ Age: _____ Name: _____
Animal's Owner's Name: _____
Street Address: _____ City: _____ Zip: _____
Phone Number: _____

Please fax to Putnam County Health Department at 567-538-5076 within 24 hours