

REPORT OF ANIMAL BITE

TRINITY COUNTY HEALTH SERVICES ♦ 623-8209

Patient Name _____ Age _____ Sex _____

Address _____

Date _____ Telephone _____

Parent _____ Date of Bite _____ Time _____

Reported By _____ Date _____

Received By _____ Date _____

Address Where Bitten _____

Circumstances of Bite _____

Nature and Location of Injury _____

Treated By _____ Date/Time of Treatment _____

Treatment Given _____

Remarks _____

Name of Animal Owner _____ Telephone _____

Address _____

Description of Animal _____

Please phone in ALL dog bites
to Sheriff's Department **623-8127**
and fax to:
Animal Control: 623-3926 and
Health Services: 623-1297
CONFIDENTIAL FAX