

Cayuga County
Animal Bite Form
253-1405

Date of Bite: _____
Time of Bite: _____
Date of Report: _____

Person Bitten	Name:		Age:	Parent's Name if child:		
	Address:			Phone: (H)		
				Other Phone:		
	Site of Bite:	Skin Broken?		Puncture	Laceration	
	Wound Treatment:	Yes	No	Date & Time of Treatment:		
	Treated By:	MD	RN	Place of Treatment:		

Incident	Place of Occurrence:				
	Circumstances:				

Biting Animal	Owner's Name:		Phone: (H)	(W)		
	Owner's Address:			Town:		
	Animal Type:	Animal Color:	Sex:	Age:		
	Rabies Vaccination:	Date:	1yr.	3yr.	Tag #	

Agency and/or Person Calling in Report:	Phone:
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Health Dept. Only	Received by CCHD: Name:		Date:	
	Remarks:			
	Animal Confined: Date:	Place:	Date Released:	
	Person Ordering Confinement:		Dept:	
	Animal checked By:	Dates:	Animal's Health:	
	Animal checked By:	Dates:	Animal's Health:	
	Notes:			