



# Overnight Report of Animal Bite, Scratch or Contact

Administrator-on-call \_\_\_\_\_

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time received \_\_\_\_\_

Type of incident (bite, scratch, contact): \_\_\_\_\_

Time of incident: \_\_\_\_\_

Incident address: \_\_\_\_\_

Street

City/Town

State/Zip Code

### **Professional Reporting Contact Information (required):**

Healthcare Provider

Hospital

Doctor

Police

Name/Title \_\_\_\_\_

Employer/Hospital \_\_\_\_\_

Business Address (Street/City): \_\_\_\_\_

Phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Animal Description**

Type (dog, include breed; cat, etc): \_\_\_\_\_ Pets name: \_\_\_\_\_

Color of Animal: \_\_\_\_\_ Age of Animal: \_\_\_\_\_ Sex (male/female): \_\_\_\_\_

Veterinarian name and phone number: \_\_\_\_\_

Relation to victim (own, neighbor or family member's pet, stray, etc): \_\_\_\_\_

### **Pet Owner Information**

Name: \_\_\_\_\_

Address (Street/City): \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Victim Information**

Name: \_\_\_\_\_

Address (Street/City): \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age of victim: \_\_\_\_\_ Victim Sex (male/female): \_\_\_\_\_

Part of body injured: \_\_\_\_\_ Skin broken: \_\_\_\_\_ (yes/no)

What was victim doing at the time?: \_\_\_\_\_

*Continued on next page.....*

