

Medical Organizations Animal Bite Reporting Form



Long Beach Department of Health and Human Services
Epidemiology Department
TEL: (562) 570-4301 FAX: (562) 570-4374

PERSON BITTEN			
Victim name (last and first)		Date of Birth	Address (number, street, city and zip)
Victim phone number		Reported by:	Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)	
Body location bitten			
How bite occurred (explain)			
Date Treated	Hospitalized Yes /No	Treated by	Phone number
Type of treatment			
ANIMAL			
Owner Name (last and first)		Address (number, street city and zip)	
Phone Number	Type of animal Dog Breed _____ Cat Breed _____ Other _____		Description of animal (sex, color)
Animal Impounded Yes /No	If yes, what shelter		Impound #
Remarks			
Facility Taking Report:			
Date	Time	Faxed: yes no	Initials