



## VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (877) 747-2243 FAX: (562) 401-7112

<http://lapublichealth.org/vet>

### VETERINARY CLINICS

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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Dog Breed _____ <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____	Description of animal (sex, color)	
Animal Vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Vaccinated	Animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was animal euthanized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	Reason <input type="checkbox"/> Injured <input type="checkbox"/> Sick <input type="checkbox"/> other		
CLINIC			
Clinic Information			Contact person
Name:			Phone Number
Address (include number, street, city, state and zip)			
Remarks			
Clinic Taking Report:			
Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials