

DOMESTIC ANIMAL VS. WILDLIFE

DOMESTIC ANIMAL – PET INFORMATION							
Owner last name		Owner first name		Owner address number street		City and zip code	
Owner area code & phone		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat		Breed		Sex	Age
Date bitten	Time bitten	Reported by			Reporter area code & phone number		
Address where bitten (number and street)			City and zip code		Type of injury to domestic animal		
Animal vaccinated prior to contact with wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date vaccinated prior to contact with wildlife:		Animal vaccinated after coming into contact with wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date vaccinated after coming into contact with wildlife:	
Domestic animal impounded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Animal Shelter		Impound #		Was animal euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was animal taken to vet? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Veterinarian Hospital		Address, city and zip			
Current location of animal: <input type="checkbox"/> Home address <input type="checkbox"/> Veterinary clinic listed above <input type="checkbox"/> Other							
WILD LIFE INFORMATION (animals other than dog or cat)							
Type of wild animal <input type="checkbox"/> Coyote <input type="checkbox"/> Skunk <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other _____							
Wild animal disposition: <input type="checkbox"/> Left area/not located <input type="checkbox"/> Appeared sick <input type="checkbox"/> Captured/destroyed/died				Impound #		Date euthanized	Time
Animal Control Agency reporting				ACO initials		Badge number	
Comments:							
Report by:				Date taken:		Initials Faxed by:	Date:

