



**VETERINARY PUBLIC HEALTH – RABIES CONTROL PROGRAM**

Tel. (213) 987-7060 OR (877) 747-2243 Fax: (213) 481-2375

[publichealth.lacounty.gov/vet](http://publichealth.lacounty.gov/vet)



**DOMESTIC ANIMAL VS. WILD MAMMAL  
INCIDENT REPORT FORM**

DOMESTIC ANIMAL – PET INFORMATION				
Owner last name		Owner first name		Owner address. Number and 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 (explain)			Wild animal disposition: <input type="checkbox"/> Left area/not located <input type="checkbox"/> Appeared sick <input type="checkbox"/> Captured/destroyed/died	
Wild animal specimen prepared for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Location of wild animal specimen (clinic or shelter)		Date euthanized Time
Veterinary Clinic or Animal Control Agency taking report:			Impound# of wild animal (if applicable)	
Comments:				
Report by:		Date taken:		Initials Faxed by: Date: