### DOMESTIC ANIMAL vs. WILD MAMMAL INCIDENT REPORT FORM

**DOMESTIC ANIMAL – PET INFORMATION**

<table>
<thead>
<tr>
<th>Owner last name</th>
<th>Owner first name</th>
<th>Owner address.</th>
<th>Number and street</th>
<th>City and zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner area code &amp; phone</td>
<td>Species</td>
<td>Breed</td>
<td>Sex</td>
<td>Age</td>
</tr>
<tr>
<td>Dog</td>
<td>Cat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date bitten</td>
<td>Time bitten</td>
<td>Reported by</td>
<td>Reporter area code &amp; phone number</td>
<td></td>
</tr>
<tr>
<td>Address where bitten.</td>
<td>Number and street</td>
<td>City and zip code</td>
<td>Type of injury to domestic animal</td>
<td></td>
</tr>
</tbody>
</table>

Animal vaccinated prior to contact with wildlife?  
- Yes  
- No

Animal vaccinated after coming into contact with wildlife?  
- Yes  
- No

Date vaccinated prior to contact with wildlife:  
-  

Date vaccinated after coming into contact with wildlife:  
-  

Domestic animal impounded?  
- Yes  
- No

Animal Shelter  
- Impound # |

Was animal euthanized?  
- Yes  
- No

Was animal taken to vet?  
- Yes  
- No

Name of Veterinary Hospital  
- Address, city and zip |

Current location of animal:  
- Home address  
- Veterinary clinic listed above  
- Other

**WILDLIFE INFORMATION (animals other than dog or cat)**

| Type of wild animal | Wild animal disposition:  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coyote</td>
<td>Skunk</td>
</tr>
</tbody>
</table>
| Left area/not located  
| Appeared sick  
| Captured/destroyed/died |

Wild animal specimen prepared for rabies testing?  
- Yes  
- No  
- 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)

Address of Veterinary Clinic or Animal Control Agency

Comments:

Submit a copy of the animal’s rabies certificate(s), if available

Report by:  
- Date taken:  
- initials

Faxed by:  
- Date:

---

Photo of domestic animals and wildlife.