



Sonoma County Animal Services Animal Bite/Exposure Report

Bite/Exposure Victim Information (To be filled out by staff). Fax completed report to (707) 565-7112.

Please ask the victim or the victim's guardian for an answer to each of the following questions and fill in the answer for them.

Victim's Name: _____ Victim's Date of Birth: _____

Victim's Parent/Guardian Information: _____

Victim's Physical Address: _____

Victim's Mailing Address: _____

Victim's Home Phone: _____ Victim's Cell Phone: _____

Address Where Bite/Exposure Occurred _____

Date of Bite/Exposure: _____ Species/Breed of Animal: _____

Name of Animal: _____ Color(s) of Animal: _____

Distinguishing Marks: _____ Age/Sex of Animal: _____

Animal Owner's Name: _____

Owner's Physical Address: _____

Owner's Mailing Address: _____

Owner's Home Phone: _____ Owner's Cell Phone: _____

Additional Remarks from Victim: _____

Treatment Information

Please fill in as much information as possible:

Treating Facility Name: _____ Treating Doctor Name: _____

Address: _____ Phone Number: _____

Nature of Injury (Bite, Scratch, etc.) _____

Location of Injury: _____ Date of Treatment: _____

Additional Comments: _____
