HILLSBOROUGH COUNTY CODE ENFORCEMENT DIVISION OF ANIMAL CONTROL

ANIMAL BITE REPORT

BITE DATE:		TIME:				
DOG TO HUMAN		DOG TO CAT	DO DO	G TO DOG	CAT TO HUMAN	
WHERE DID TH	IS HAPPEN?:					
DOG	CAT	PUPPY	KITTEN			
ANIMAL NAME:		BREED				
SIZE:		COLOR:	GENDER		ER:	
DISTINGUISHIN	NG FEATURES	S:				
BITE ANIMAL OWN	ER (IF KNOW	N)				
NAME:						
ADDRESS:						
PHONE:						
BITE VICTIM INFO	RMATION	HUMAN	ANIMA	L		
NAME:					AGE:	
ADDRESS:						
PHONE:	EMAIL:					
WHERE ON THE	E BODY, DID	ГНЕ ВІТЕ(S) О	CCUR:			
	Please check all that apply					
Punctures	Scratches	Laceration	ons Brol	ken Bones	Multiple Bites	
Stitches	Nur	Number of Stitches				
In your own wor	ds, what happe	ned?				

FOR INTERNAL USE

ANIMAL ID OWNER ID ACTIVITY# BITE# VICTIM ID