



REPORT OF ANIMAL BITE

Amador County Public Health



Please print clearly and complete with all known information

Patient Name _____ Date of Birth _____ Sex _____

Street Address _____

City _____ State _____ Zip Code _____

Alternative Contact _____

Date of Bite _____ Parent/Guardian if minor _____ Telephone _____

Reported By _____ Date _____

Address Where Bite Occurred _____

City _____ State _____ Zip code _____

Circumstances of Bite _____

Nature and Location of Injury _____

Treated By _____ Date of Treatment _____

Treatment Given _____

Rabies Post-exposure Prophylaxis Started? YES NO START Date: _____

Remarks _____

Name of Animal Owner _____ Telephone _____

Address _____

Description of Animal _____

FAX TO:
Health Department: 209-223-1562
AND
Animal Control: 209-257-0245
CONFIDENTIAL FAX