



Animal Incident/Rabies Investigation Report

Date: _____ Time: _____

Reported by : _____ Phone: _____

Person Taking Report: _____

Victim: _____ Date of incident: _____

DOB: _____ Sex: M / F Phone: _____

Parent/Guardian: _____

Physician: _____ Phone: _____

Describe Circumstances; severity and location of wound:

Provoked Unprovoked

Animal Information:

Type: _____ Pet Stray Wild Breed: _____

Owner: _____ Phone: _____

Address: _____

Location and condition of Animal at time of incident: _____

Current location of animal: _____

Corrective Action:

Animal Quarantined: Yes No