

Warren County Animal Control
142 Rafters Lane
Warrenton, North Carolina 27589
Telephone: 257-6137 and 257-6147 Fax: 257-3718

BITE REPORT

Date Bite Reported: _____ Reported by: _____ Telephone No: _____

Date Bite Occurred: _____ Time Bite Occurred: _____

Victim's Name: _____ Date of Birth: _____

Social Security Number: _____ Parent's Name: _____

Address: _____
Street City State Zip Code

Home Telephone Number: _____ Work Telephone Number: _____

Owner's Name: _____

Address: _____
Street City State Zip Code

Home Telephone Number: _____ Work Telephone Number: _____

Description of Animal: **Size** - () Small () Medium () Large

Breed: _____ Hair Color: _____ Tail: _____ Sex: ____ Animal's Name: _____

Rabies Tag Number: _____ Date Shot Given: _____

Quarantine Location: () Home () Shelter _____ () Veterinarian _____ () Lab

5-Day Check: _____ 10-Day Check: _____ Lab Results: _____

Description of Bite: _____

Was Medical Aid Requested: () Yes () No Medical Facility: _____

Circumstances of Bite: _____

Officer: _____

Comments: _____

Is Owner Being Cooperative: () Yes () No

Copy of Report for Client: () Yes () No