

Waukesha County Division of Environmental Health 515 W Moreland Blvd, Room AC 260 Waukesha, WI 53188 (262) 896-8300 Fax: (262) 896-8298 www.waukeshacounty.gov/rabies Email: humaneofficer@waukeshacounty.gov

Ck'd Priors □

ANIMAL BITE REPORT FORM

Incident Data:					
Date of Bite:	Time of Bite:		cation of incident:_ n Owner's Property?		
Reported by:		Tel #:		Fax#:	
Date Reported:	Report Receiv	ved By:		Tel#:	
Animal current location Description of incider					
Owner Data:	□ Unknown □ Wi	ildlife:			
Name:		DOB:	Phone #:		
Street Address:			Email:		
City/Village/Town:		Zip:	Alt. Ph#:_		
Species: DOG CAT C	OTHER		Breed:		-
Sex: M F Steriliz	ed: Y N Age:	_Weight/Size:	Name:		-
Color/Markings/Tattoo	/Chip:				
Rabies Current: Y N	Rabies Vacc. Date:		_Rabies Exp. Date:_	Rabies	Tag:
Dog Lic#:	Year of Lic:	Tag Color:		Rabies Verified by H	umane Officer
Veterinary Clinic:			_Tel#		
Bite Victim Data:	☐ Person Bitten and/o	or 🏻 Animal Bitte	n		
Name:		DOB:	Phone #:		
Parent/Guardian:			E-Mail:		
Street Address:			Alt. Ph #:_		
City/Village/Town:		Zip:			
Severity Mild: skin Describe body Primary Care Physician	abrasion	oderate: puncture(s	Severe: Mu	ltiple bites/Significar	nt tissue damage
Treating Physician Name:					
☐ Owner informe☐ Faxed/Emailed	d of quarantine rules & to County: Please pro	expecting contact	from Waukesha Co our office within 24	ounty Humane Office 4 hours of receiving r	r. eport.