



Waukesha County Department of Parks and Land Use  
 Division of Environmental Health  
 515 W Moreland Blvd, Room AC 260 Waukesha, WI 53188  
 Phone: (262)896-8330 Fax: (262)896-8298  
[www.waukeshacounty.gov/rabies](http://www.waukeshacounty.gov/rabies) Email: [animalprogram@waukeshacounty.gov](mailto:animalprogram@waukeshacounty.gov)

<b>Internal Use:</b> <input type="checkbox"/> Checked priors <input type="checkbox"/> Entered <input type="checkbox"/> Quarantine paperwork faxed/emailed to vet _____ <input type="checkbox"/> Victim notified of release _____
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### ANIMAL BITE REPORT FORM

**Incident Data:**

Date of Bite: \_\_\_\_\_ Time of Bite: \_\_\_\_\_ AM Location of Incident: \_\_\_\_\_  
 PM On Owner's Property?  Yes  No

Reported By: \_\_\_\_\_ Phone #: \_\_\_\_\_ IR #: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Report Received By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Location of Animal \_\_\_\_\_ Other: \_\_\_\_\_  
 Description of Incident: \_\_\_\_\_

**Owner Data:**

Unknown  Wildlife: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/Village/Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Alt. Ph #: \_\_\_\_\_

Species OTHER: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex Sterilized Age: \_\_\_\_\_ Weight/Size: \_\_\_\_\_ Name: \_\_\_\_\_

Color/Markings/Tattoo/Microchip: \_\_\_\_\_

Rabies Current Rabies Vacc. Date: \_\_\_\_\_ Rabies Exp. Date: \_\_\_\_\_ Rabies Tag: \_\_\_\_\_

Dog License #: \_\_\_\_\_ Year of License: \_\_\_\_\_ Tag Color: \_\_\_\_\_  Rabies Verified

Veterinary Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Bite Victim Data:**

Owner Bitten

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Alt. Ph #: \_\_\_\_\_

City/Village/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

**Severity**  Mild: skin abrasion  Moderate: puncture(s)  Severe: Multiple bites/Significant tissue damage.

**Describe body part(s) injured:** \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Treating Physician Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Owner informed of quarantine rules & expecting contact from Waukesha County Animal Program Specialist.
- Faxed/Emailed to County: Please provide bite reports to our office within 24 hours of receiving report.  
 Fax 262-896-8298 Email [animalprogram@waukeshacounty.gov](mailto:animalprogram@waukeshacounty.gov)