

## Animal Bite Narrative part A

1. Owners Name:
2. Phone Number:
3. Street Address:
4. Mailing Address:
5. DOB:
6. Date of Bite:
7. Time of Bite:
8. How Reported:
9. Name of Victim:
10. Phone Number:
11. Victims Address:
12. DOB:
13. SEX:
14. Location of Occurrence:
15. Minor-Parent or Guardian:
16. Physician's Name:
17. Phone Number:
18. Condition of Animal:  
Normal: Sick: Injured: Other:
19. How Bite Occurred:  
Animal Attacked: Provoked: Unprovoked:  
Vicious: Playful: Other:
20. Nature of Wound:  
Bleeding: Broken Skin: Single Puncture  
Multiple Puncture: Lacerations:
21. Location of Wound:  
Head: Neck: Face: Trunk:  
Buttock: Shoulder: Arm: Hand:  
Finger: Leg-. Foot: Toe:  
Other:
22. Type of Animal:  
Dog: Cat: Other:  
Puppy: Kitten: Adult:  
Male: Female:  
Breed and Description:

Animal Bite Narrative part B

23. Yavapai License Tag: Yes No Year: 20\_\_

24. Other County Tag: Yes No Year: 20\_\_ \*

25. Impound information:

Owner's Home:

Vet. Hosp:

Date in: Date out

26. Specimen submitted to Az. State Laboratory: Yes No

Date:

27. Vaccine Information:

Number: Type:

Expiration Date: D.O.V.

City: State:

Vet:

28. Comments Concerning Bite Circumstances: