

**ISABELLA COUNTY  
ANIMAL BITE REPORT FORM  
FAX: (989) 772-0181    PHONE: (989) 773-9721**

**Bite Victim Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Sex:** M F

**Parent/Guardian if Victim is a Minor:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_

**Bite Date:** \_\_\_\_\_ **Time of Day:** \_\_\_\_\_

**Address Where Bite Occurred:** \_\_\_\_\_

**Description of Bite Incident:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Skin Penetration:** Yes or No      **Location on body:** \_\_\_\_\_

**Treatment date:** \_\_\_\_\_

**Facility/MD Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Animal Type:** Dog Cat Ferret Bat Other: \_\_\_\_\_

**Current Location of Animal:** Destroyed    Unknown    Confined

**Owner's Name:** \_\_\_\_\_

**Owner's Address/City:** \_\_\_\_\_

**Owner's Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_

**Rabies Vaccination Date(s):** \_\_\_\_\_

**Rabies Tag #:** \_\_\_\_\_

**Veterinarian's Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Bite Report to Law Enforcement:** Yes or No      **Date Reported:** \_\_\_\_\_

**Law Enforcement Department/Officer :** \_\_\_\_\_

**Information Reported By:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_