To Medical Providers:
Please complete the left hand portion of report in accordance with CA Health and Safety Code 21690 and 17CCR 2606. Send report via fax and/or mail to investigating agency. Geographic location of bite determines responding agency.

REPORT OF ANIMAL BITE

RESPONDING ANIMAL CONTROL AGENCY

CASE #_____

DATE OF:
BITE _____

RELEASE _____

DATE RECEIVED BY ANIMAL CONTROL
_____ _____
INITIALS

	PHONE	FAX
Butte County Animal Control -	538-7409/891-2907	538-6329
City of Chico Animal Control -	897-4960	895-4994
City of Biggs Animal Control -	846-5678	846-0411
City of Gridley Animal Control -	846-5678	846-0411
City of Oroville - (NWSPCA)	533-7636	533-7684
Town of Paradise -	872-6275	872-5911

(ANIMAL CONTROL AGENCY - PLEASE STAMP NAME OF AGENCY ABOVE)

DATE OF BITE: BITE VICTIM

NAME | DOB /AGE / SEX

ADDRESS (Street, City, Phone) | PARENT NAME/GUARDIAN (if victim a minor)

INFORMATION PROVIDED BY | PHONE

ADDRESS OF WHERE BITE OCCURRED

CIRCUMSTANCES OF BITE

DESCRIPTION AND EXTENT OF INJURY

MEDICAL TREATMENT

TREATING PHYSICIAN | MEDICAL FACILITY

FORM COMPLETED BY (INCLUDE TITLE)

ANIMAL OWNER INFORMATION (IF KNOWN)

OWNER OF ANIMAL | PHONE

ADDRESS OF ANIMAL OWNER (Street, City)

NAME AND DESCRIPTION OF BITING ANIMAL

FOR ANIMAL CONTROL USE ONLY

☐ DOMESTIC ANIMAL TO HUMAN BITE ☐ WILD ANIMAL DOMESTIC CONTACT

DATE RECEIVED BY ANIMAL CONTROL OFFICER

ANIMAL VACCINATION CURRENT? YES NO | MANUFACTURER | SERIAL #

VACCINATING VETERINARIAN | VACC DATE

QUARANTINED? YES NO | DATE QUARANTINED

PLACE OF QUARANTINE HOME VET CLINIC SHELTER OTHER _____

ADDRESS OF QUARANTINE (Street, City) | PHONE

QUARANTINED ANIMAL RELEASED? YES NO

DATE | TIME | OFFICER

LAB SPECIMEN TAKEN? YES NO LAB # _____ RESULTS : POSITIVE / NEGATIVE

ANIMAL REVACCINATED? YES NO OTHER _____ DATE