

**Animal Bite to Human Reporting Form**

Please complete the following information in its entirety and fax to OC Animal Care at (714) 259-1089

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**Attack Information**

Date bitten: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Address of Incident: \_\_\_\_\_

How did incident occur, please be specific: \_\_\_\_\_

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**Human Victim Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

Victim's Address: \_\_\_\_\_  
Street City State Zip Code

Parent/Guardian if victim under 18 years old: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**Owner & Biting Animal Information**

Owner First Name: \_\_\_\_\_ Owner Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Street City State Zip Code

Animal Description (size, color, etc.): \_\_\_\_\_

Breed: \_\_\_\_\_ Name of Pet: \_\_\_\_\_

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**Treatment Information**

Location & Description of Wound(s): \_\_\_\_\_

Sutures: Yes / No How many sutures and location: \_\_\_\_\_

How was the wound(s) treated: \_\_\_\_\_

Treating Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reporting Party Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reporting Party's Address: \_\_\_\_\_  
Street City State Zip Code