

## HAMILTON COUNTY PUBLIC HEALTH NURSING SERVICE

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PO Box 250, 139 White Birch Lane  
Indian Lake, NY 12842

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# ANIMAL BITE REPORTING FORM

### PERSON BITTEN

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Reported by: \_\_\_\_\_

Reporter Phone Number: \_\_\_\_\_

### INCIDENT INFORMATION

Date of Bite: \_\_\_\_\_ Time of Bite: \_\_\_\_\_

Address where bite occurred: \_\_\_\_\_

\_\_\_\_\_

Body Location of bite: \_\_\_\_\_

Describe attack: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment provided: \_\_\_\_\_

\_\_\_\_\_

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### ANIMAL INFORMATION

**Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Type of Animal:** \_\_\_\_\_

**Description of Animal:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_