

**CITY OF VINELAND
REPORT OF ANIMAL BITE/SCRATCH**

ANIMAL OWNER INFORMATION

NAME: _____
ADDRESS: _____
TELEPHONE #: _____

VICTIM INFORMATION:

NAME: _____
ADDRESS: _____
TELEPHONE #: _____
LOCATION OF BITE ON BODY: _____
DATE OF EXPOSURE: ____ / ____ / ____ BITE SCRATCH OTHER _____

ANIMAL INFORMATION

SPECIES: _____ BREED: _____
NAME: _____ COLOR: _____
HAIR LENGTH: SHORT MEDIUM LONG MALE FEMALE
LICENSE #: _____ RABIES VACCINATION EXPIRATION DATE: ____ / ____ / ____
CALLER: _____ FROM: _____ PHONE: _____
ADDITIONAL COMMENTS: _____

