

ANIMAL-ON-ANIMAL BITE REPORT

LINN COUNTY

PLEASE FAX THIS REPORT WITHIN 24 HOURS TO:

Cedar Rapids
CRACC
Fax: 294-6629

Marion
Marion PD
Fax: 200-4143

Linn County
CVHS
Fax: 365-8270

Linn County Ordinance Section 28.9 states "Every veterinarian shall report to the Health Officer the name and address of the owner of any animals treated for bites inflicted by another animal."

TO BE COMPLETED BY THE TREATING FACILITY - Veterinarian

DATE OF TREATMENT: ____/____/____ CLINIC/VETERINARIAN: _____
PREVIOUSLY VACCINATED FOR RABIES? YES NO FORM COMPLETED BY: _____
VACCINATION DATE: ____/____/____ STREET ADDRESS: _____
EXPIRATION DATE: ____/____/____ CITY: _____ ZIP: _____ PHONE #: _____
RABIES VACCINE ADMINISTERED TODAY? YES NO RABIES TAG # _____
ANIMAL PLACED IN ISOLATION FOR RABIES? YES NO ANIMAL PLACED UNDER OBSERVATION FOR RABIES? YES NO
OTHER TREATMENT(S) PROVIDED: _____

Please complete as much information as possible.

ANIMAL INJURED (VICTIM)

DATE OF INJURY: ____/____/____
ANIMAL TYPE: DOG CAT FERRET OTHER: _____ ANIMAL NAME: _____
ANIMAL SEX: NEUTERED MALE INTACT MALE SPAYED FEMALE INTACT FEMALE AGE: _____
TYPE OF INJURY: BITE SCRATCH BRUISE OTHER: _____
LOCATION OF INJURY(IES) ON BODY: _____
WAS THE ANIMAL INJURED: ON THE ANIMAL OWNER'S PROPERTY OR OFF THE ANIMAL OWNER'S PROPERTY
DESCRIBE THE INCIDENT: _____
OWNER NAME: _____
OWNER ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE # (HOME) _____ (WORK) _____ (CELL) _____

OTHER ANIMAL(S) INVOLVED

ANIMAL TYPE: DOG CAT FERRET BAT RACCOON SKUNK OTHER _____
BREED: _____ COLOR: _____ ANIMAL NAME: _____
ANIMAL SEX: NEUTERED MALE INTACT MALE SPAYED FEMALE INTACT FEMALE AGE: _____
WHERE IS THE ANIMAL NOW? _____ STRAY ANIMAL? YES NO
DO YOU BELIEVE THE ANIMAL IS VACCINATED FOR RABIES? YES NO
RABIES TAG # (if known) _____ CLINIC/VETERINARIAN: _____

If the animal owner is not known, please indicate in the address section where the injury occurred (i.e. street or nearest intersection)

OWNER NAME: _____
OWNER ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE # (HOME) _____ (WORK) _____ (CELL) _____

QUESTIONS?

Please contact:

Cedar Rapids
Cedar Rapids Animal Care & Control
319-286-5993

Marion
Marion Police Department
319-377-1511

Linn County
Cedar Valley Humane Society
319-362-6288