

Cayuga County
Animal Bite Form
Phone 253-1405 Fax 253-1478

Date of Bite: _____
Time of Bite: _____
Date of Report: _____

Person Bitten	Name: _____ M / F DOB: _____		Parent's Name if child: _____		
	Address: _____			Phone: (H) _____	
	Other Phone: _____				
	Site of Bite: _____		Skin Broken? Yes No Puncture Laceration		
	Wound Treatment: _____		Date & Time of Treatment: _____		
	Treated By: _____		Place of Treatment: _____ MD RN		

Incident	Place of Occurrence: _____			
	Circumstances: _____			

Biting Animal	Owner's Name: _____		Phone: (H) _____ (W) _____		
	Owner's Address: _____			Town: _____	
	Animal Type: _____		Animal Color: _____		Sex: _____ Age: _____
	Rabies Vaccination: Date: _____ 1yr. 3yr. Tag # _____				

Agency and/or Person Calling in Report: _____	Phone: _____
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Health Dept. Only	Received by CCHD: Name: _____		Date: _____		
	Remarks: _____				
	Animal Confined: Date: _____		Place: _____		Date Released: _____
	Person Ordering Confinement: _____			Dept: _____	
	Animal checked By: _____		Dates: _____		Animal's Health: _____
	Animal checked By: _____		Dates: _____		Animal's Health: _____
	Notes: _____				