

ANIMAL BITE FORM
Lane County Animal Services
(541) 682-3645 / Fax (541) 682-2009

Date: _____ / _____ / _____

For incidents within the City of Westfir, submit this form to cityhall@ci.westfir.or.us or bring it to City Hall at 47441 Westoak Road. (541) 782-3983

CASE IDENTIFICATION - PERSON BITTEN

Name _____ Phone(s) _____

Address _____ City _____ State _____ Zip Code _____

Sex Female Male

HISPANIC Yes No Unknown

DATE OF BIRTH _____ / _____ / _____

RACE White Black American Indian

Or, if unknown, AGE _____

Asian/Pacific Islander unknown other _____

BITE OR OTHER EXPOSURE

Date _____ / _____ / _____ Time _____ am pm provoked unprovoked

Incident Address _____

Bite Location(s) on Body _____

Describe circumstances _____

**** THIS FORM DOES NOT SERVE AS A DANGEROUS DOG COMPLAINT. PLEASE CONTACT LCAS AT 541-682-3645 OR VIA EMAIL AT LCAS@LANECOUNTYOR.GOV TO FILE A COMPLAINT. ****

ABOUT THE ANIMAL

OWNERSHIP

victim's household pet stray

acquaintance's pet feral


stranger's pet unknown

RABIES IMMUNIZATION

Rabies Expires: _____ / _____ / _____

Vet Clinic: _____

No rabies vaccine unknown


Owner(s) _____
Phone(s) _____
Address _____

Animal description (breed, gender, age, color, name):

PLACE OF QUARANTINE

home "quarantine" quarantine process explained _____ / _____ / _____

shelter "quarantine" / Shelter name: _____

Shelter address/phone: _____ / _____

Agency Representative

Quarantine Start Date _____ / _____ / _____
Quarantine End Date _____ / _____ / _____
Released healthy _____ / _____ / _____
Contact with _____
Comments _____

Print name _____

Signed _____ Date _____ Phone # (____) _____