



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (213)-989-7060 or (877) 747-2243 FAX: (213) 481-2375

publichealth.lacounty.gov/vet



COUNTY OF LOS ANGELES
Public Health

BITE REPORTING FORM - VETERINARY CLINICS

Use this form to report animals suspected of being rabid, even if no bite occurred. If there was no bite, write "None" in the PERSON BITTEN section.

PERSON BITTEN			
Victim name (last and first)		Date of Birth	Address (number, street, city and zip)
Victim phone number		Reported by:	Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)	Body location bitten
How bite occurred (explain)			
Date Treated	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Treated by	Phone number
Type of treatment			

ANIMAL		
Owner Name (last and first)		Address (number, street city and zip)
Phone Number	Type of animal <input type="checkbox"/> Dog Breed _____ <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____	Description of animal (sex, color)
Animal vaccinated for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date last vaccinated:	Animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was animal euthanized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	Reason euthanized: <input type="checkbox"/> Injured <input type="checkbox"/> Sick <input type="checkbox"/> other Please explain:	Specimen prepared for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

CLINIC	
Clinic Information	Contact person
Name:	
Address (include number, street, city, state and zip)	Phone Number
Remarks	
Submit a copy of the animal's rabies certificate, if available	

Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials
------	------	---	----------