

EUREKA COUNTY ANIMAL BITE REPORT

PLEASE PRINT

See below for instructions
on completion of form.



**FAX COMPLETED REPORTS TO:
(775) 237-5704**

Today's Date: ____/____/____

Name of Hospital/Urgent Care: _____

Person Bitten Name: _____ Age: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone: Home: _____ Work: _____ Cell: _____

Bite Address or place where bite occurred: _____
Street Address: _____ City: _____ State: _____ Zip: _____
COUNTY: _____ Date Bitten: _____ Time: ____ AM ____ PM
Where on body bitten: _____ Skin Broken? ____ Yes ____ No

Owner of Animal Name: _____ DOB: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone: Home: _____ Work: _____ Cell: _____

Animal Species: ____ Dog ____ Cat ____ Ferret ____ Other: _____
Age: ____ Breed: _____ Color: _____ **Sex:** ____ Male ____ Female ____ Unknown
Seems: ____ Well ____ Sick ____ Vicious ____ Other: _____ **Was:** ____ Leashed ____ Fenced ____ Loose
Current Rabies Shot? ____ Yes ____ No ____ Unknown

Medical care obtained? ____ Yes ____ No If yes, complete the following:
Physician: _____ Hospital/Urgent Care: _____

Explain circumstances of bite incident: _____

This information is accurate to the best of my knowledge.

Signature of Person Completing Form: _____

DO NOT FILL IN, FOR OFFICE USE ONLY

Date Quarantined: _____ Location of Quarantine: _____
Date Received: _____ Date out of Quarantine: _____
Remarks: _____

INSTRUCTIONS FOR FORM COMPLETION:	PLEASE PRINT LEGIBLY. Complete all sections in full with exception of "Do not fill in, for office use only." Fax completed form as soon as possible to the Eureka County Sheriff's Office at 237-5704. This allows the local rabies control authorities to evaluate & monitor the biting animal & fulfills your requirement to report animal bites under NAC 441A. The original form should stay with the patient's chart. Questions? Please call 237-5330.
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