

**GENESEE COUNTY ANIMAL CONTROL**  
G-4351 W. PASADENA AVENUE  
FLINT, MICHIGAN 48504  
PHONE (810) 732-1660  
FAX (810) 732-1493

**GENESEE COUNTY HEALTH DEPARTMENT**  
PHONE (810) 257-1017  
FAX (810) 257-3247

## ANIMAL BITE REPORT

(Please fax copies to both agencies named above)

Victim's Name \_\_\_\_\_ Date of Exposure \_\_\_\_\_

First Last

Street Address

City

Zip Code

Phone \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Parent/Legal Guardian (if victim is under 18 years of age) \_\_\_\_\_

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Hospital/Clinic Address Phone

Attending Physician (if any) \_\_\_\_\_

Type of Exposure: \_\_\_\_\_ Was Skin broken? \_\_\_\_\_

Location on body where exposure occurred: \_\_\_\_\_

Brief Description of Incident \_\_\_\_\_

Wound treatment/medication or vaccines administered: \_\_\_\_\_

County where exposure occurred: \_\_\_\_\_

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Animal Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

First Last

Street Address

City

Zip Code

Animal Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Age (if known) \_\_\_\_\_

**VACCINATION STATUS:** RABIES: Yes No EXPIRES: \_\_\_\_\_

Where is animal from (stray, owners, wild, not domestic, other) \_\_\_\_\_

Is animal available for laboratory analysis or observation? Yes No

Is animal being held for observation? Yes No