

DAVIDSON COUNTY ANIMAL INCIDENT REPORT

Incident Date: _____ Report Date: _____ File Date: _____

Bite Victim Name: _____ DOB: _____ Age: _____

Parent/Guardian Name (if juvenile): _____

Address: _____ City: _____ Zip: _____

Phone #'s: Day-time (_____) _____ - _____ Night Time (_____) _____ - _____

Bite Location (Circle): HEAD NECK TORSO ARM HAND LEG FOOT

Bite info (Circle): SEVERE MODERATE MILD // PROVOKED UNPROVOKED

Incident Description: _____

Animal Owner's Name: _____

Address: _____ City: _____ Zip: _____

Directions to Residence: _____

Phone #'s: Day-time (_____) _____ - _____ Night Time (_____) _____ - _____

Type of Animal (Circle): DOG CAT OTHER - _____ Name: _____

Breed: _____ Sex: _____ Colors/Markings: _____

Rabies Vaccination: NO YES Vaccination Date (MM/DD/YY): ____/____/____ Type: 1YR 3YR

Veterinarian: _____ Phone #: (_____) _____ - _____

Confined At (Circle): SHELTER HOME---(method of confinement) _____ Veterinarian _____

Comments: _____

Officer / Environmental Health Specialist: _____

ENVIRONMENTAL HEALTH USE BELOW THIS LINE

Animal: RELEASED EUTHANIZED Date: _____

Routine Check (Circle): PHONE VISIT Contact Name: _____ Date/time: _____

Victim Notified (Circle): PHONE VISIT LEFT MESSAGE Contact Name: _____ Date/time: _____

Lab Specimen (head/animal): Date Sent: _____ Exam #: _____ Results: _____ Date: _____

Comments: _____

Environmental Health Specialist: _____

Davidson County Health Department

Office: 336-242-2310 • Fax: 336-249-8774

Animal Control

336-249-0131

Form Dog-Cat 3 (03/07/2022)