

## Dog Bite Incident Report

**NOTE: THIS FORM IS TO BE COMPLETED WITHIN 24 HOURS OF BITE INCIDENT**

**IMPORTANT: ALL ANIMALS INVOLVED IN A BITE INCIDENT NEED TO BE OBSERVED FOR 10 DAYS. NO ANIMAL SHOULD BE KILLED AS PER PA STATE LAW!**

Form should be placed on desk in Club office or if office is closed, under the door of the office. Incident must be reported to either the Agility Director or Obedience Director via phone or email within 24 hours after incident.

DATE OF BITE EXPOSURE: \_\_\_\_\_

**VICTIM IDENTIFICATION (person(s) bitten with skin punctured) one form for each person**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe Injury (location of injury, number of puncture marks, etc.) - use back of form if needed:

Was medical attention needed: Y N

Physician: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

**VICTIM (if a dog is bitten) one form for each dog**

Dog's Name that was bitten: \_\_\_\_\_

Age: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe injury (location of injury, number of puncture marks, etc.) - use back of form if needed:

Was medical attention needed: Y N

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Victim's Signature \_\_\_\_\_

Witness' Signature (Instructor) \_\_\_\_\_

**DOG / ANIMAL INVOLVED IN BITE INCIDENT / IDENTIFICATION**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Type of Animal: Canine Other: \_\_\_\_\_

Sex: F M Age: \_\_\_\_\_

Species, breed, color, full description of animal: \_\_\_\_\_

Current Rabies Vaccination: Yes ( ) No ( ) Date of last vaccination: \_\_\_\_\_

Has animal been Spayed/ Neutered: Yes ( ) No ( )

Veterinarian or Veterinary Clinic: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is animal of local origin? Yes ( ) No ( ) If no, place or origin: \_\_\_\_\_

Has animal been out of state in the past 6 months: No ( ) Yes ( )

If yes, where? \_\_\_\_\_

Is/was the animal ill? No ( ) Yes ( ) If yes, give details: \_\_\_\_\_

Animal's clinical symptoms during week previous to exposure, compared to animal's normal behavior: \_\_\_\_\_

Vicious: Yes ( ) No ( ) Irritable: Yes ( ) No ( )

Paralysis of muscles: Yes ( ) No ( ) Unusually quiet: Yes ( ) No ( )

Difficulty swallowing, drooping of lower jaw, and slobbering: Yes ( ) No ( )

Were other animals exposed to saliva: Yes ( ) No ( ) Unknown ( )

Animal Control notified: Yes ( ) No ( )

Additional notes/details: \_\_\_\_\_

Describe Incident:

Action Taken and Follow Up: