CITY OF HACKENSACK
Department of Health

ANIMAL BITE REPORT

Date of Bite: ___________________

Date Reported: ________________

Reported By: ____________________________________________________________

BITING ANIMAL

Species: ____________________   Name: ________________________________________

Breed: ______________________  Color:_______________ Age: _____ Sex___________

Vaccination Status:___________  Lic. #:_______________ Yr: ______________________

Owner: _____________________________________________ Phone: ___________________

Address: __________________________________________________________________

Location Bite Occurred at: ____________________________________________________

Attending Veterinarian: ________________________________ Phone:   __________________

Address: __________________________________________________________________

Animal Disposition: _______ Quarantined _________ Euthanized _________ Escaped____

PERSON BITTEN - EXPOSED

Name: ______________________________________________  Phone: ___________________

Address: __________________________________________________________________

______________________________________________________________________

Number and Locations of Bites: _____________________________________________

____________________________________________________________________________

Physician: ________________________________________  Phone: _____________________

Address: ______________________________________________

I hereby swear or affirm that the information submitted by me in this report is true and correct to
the best of my knowledge.
Print Name, Sign and Date: _____________________________________________________
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