

NOTIFICATION OF ANIMAL BITE REPORT

INDEPENDENT ANIMAL CARE SERVICES LLC		P.O. BOX 1612 BLACKWOOD NJ 08012			
		PHONE: 856-718-0305 FAX: 856-504-0056			
MUNICIPALITY WHERE BITE OCCURRED:		DATE:			
V I C T I M	NAME:		SEX:	AGE:	TELEPHONE:
	ADDRESS:		MUNIC:	STATE:	ZIP:
	NAME OF PARENT/GUARDIAN:			ADDRESS (IF DIFFERENT):	
	DATE/TIME OF BITE:		LOCATION OF BITE INCIDENT:		
	ANIMALS INJURED: YES NO	DESCRIPTION OF INJURED ANIMAL:		VACCINATION HISTORY:	
	DESCRIPTION OF WOUNDS:				
					MEDICAL TREATMENT: YES NO
A N I M A L	OWNER:			TELEPHONE:	
	ADDRESS:		MUNIC:	STATE:	ZIP:
	TYPE:	BREED:	SEX:	AGE:	ANIMAL NAME:
	COLOR/DESCRIPTION:				
	VETERINARIAN:		VACCINATION HISTORY:		LICENSE #:
	BITE HISTORY:				
O F F I C E R	OFFICER NAME:			DATE:	CASE #:
	COMMENTS:				