



FRISCO POLICE DEPARTMENT

ANIMAL BITE REPORT

LOCAL RABIES CONTROL AUTHORITY STATEMENT FORM

PLEASE PRINT CLEARLY

Instructions for completing form:

This form to be submitted by the person that was bitten or scratched.

This allows the local rabies control authority to evaluate and monitor the animal.

Fill in all blanks. Put **unknown** if you do not know or **N/A** if it doesn't apply.

Information provided is public information except information regarding a minor juvenile.

Today's Date:	_____ / _____ / _____	Name of Hospital/ Urgent Care/Clinic if treatment was obtained:	
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Exposed Person Name: _____ DOB: ____/____/____ Sex: M F

Parent/Guardian's Name if patient is a minor: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Bite or scratch Date Bite or scratch Occurred: _____ Time _____ AM PM

Type of Injury: Bite Scratch Other _____

Was Skin Broken: YES NO

If Yes: Puncture Scratch Saliva contact
 Abrasion Laceration

Describe what occurred (Use back of page if needed)

Where did incident occur:

Street Address: _____ City: _____ State: _____ Zip: _____

Where on body bitten/scratched: _____

Animal Information Species: Dog Cat Other Breed (if known) _____ Color _____

Owner's Name: _____ Unknown Unknown where owner lives

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

How do you know this is the owner:

This information is accurate to the best of my knowledge. I solemnly affirm under the penalties of perjury to the information provided.

Signature of Person injured or Parent/Guardian: _____

Date _____