

# SEVIER COUNTY SHERIFF'S OFFICE

## ANIMAL BITE REPORT

Date of Report: \_\_\_\_\_ Time of Report: \_\_\_\_\_ Officer's Name: \_\_\_\_\_

Victim's Name: \_\_\_\_\_ Zone: \_\_\_\_\_ Case #: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone # Cell: \_\_\_\_\_ Home: \_\_\_\_\_

If Minor Parents/Guardians: \_\_\_\_\_

Date Bite Happened: \_\_\_\_\_ Approximant Time it Happened: \_\_\_\_\_

Address Bite Occurred: \_\_\_\_\_

Did it break the skin? Yes / No Part of Person Bitten: \_\_\_\_\_

From 1 to 6 (Rate bite 1 being small bite to 6 being serious): 1 2 3 4 5 6

Was Victim treated by a doctor or ER? Yes / No If yes, location: \_\_\_\_\_

Type of animal: Dog, Cat, other: \_\_\_\_\_ Is Owner known Yes / No

If yes, Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Has Animal had rabies shot with in the last year? Yes / No

If yes, Vet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date the Shot was given: \_\_\_\_\_

Tag#: \_\_\_\_\_ Has animal bit before? Yes / No If yes, how many times? \_\_\_\_\_

### DESCRIPTION OF ANIMAL

Animal's Name: \_\_\_\_\_ Color: \_\_\_\_\_ Male / Female

Breed: \_\_\_\_\_ Has animal been spayed or neutered 1 Yes / No

Age of Animal: \_\_\_\_\_ Any other info you feel need: \_\_\_\_\_

\_\_\_\_\_ own the animal(s), described above and I want to keep the animal. I understand I have to keep the animal quarantined for 10 days. That if anything happens to the animal within these 10 days I must contact the Sevier County Animal Control immediately at the Sheriff's Office. I understand it will be my responsibility to make sure the animal stays put up and that it is not to run lose. I also give animal control permission to come by and check on the animal at anytime during this period. The quarantined period starts on Today's Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_ I, \_\_\_\_\_ own the animal(s) described above and do not want to keep animal(s) and I want to be contacted by Sevier County nimal Control to make arrangements to pick up said animal(s).

Owner's Signature: \_\_\_\_\_ Officer's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

