



Sedgwick County... working for you

ANIMAL BITE/ATTACK REPORT

SEDGWICK COUNTY ANIMAL CONTROL
1015 W. STILLWELL, WICHITA, KS 67213
RABIES INVESTIGATION - PH: (316) 660-7070 FAX: (316) 383-7553

VICTIM OF: BITE [] SCRATCH [] ATTACK [] EXPOSURE []
BITE/ATTACK DESCRIPTION: SIMPLE [] SEVERE [] PROVOKED [] UNPROVOKED []

PRINT CLEARLY AND IN INK

NAME OF VICTIM:
ADDRESS: HOME: WORK: STREET CITY ZIP CODE
TELEPHONE: HOME/CELL: WORK:
AGE: PARENT/GUARDIAN SIGNATURE REQUIRED FOR MINORS:
DATE BITE OCCURRED: TIME OF BITE/ATTACK: A.M. [] P.M. []
ADDRESS/INTERSECTION WHERE BITE OCCURRED:
LOCATION OF BITE ON BODY: DID YOU RECEIVE MEDICAL TREATMENT? YES [] NO []
IF YES, WHERE? : NAME OF TREATING PHYSICIAN:
DESCRIBE THE INCIDENT (WHAT HAPPENED?):

OWNER OF BITING/ATTACKING ANIMAL:

NAME:
ADDRESS: HOME: WORK: STREET CITY ZIP CODE
TELEPHONE: HOME/CELL: WORK:

DESCRIPTION OF ANIMAL:

TYPE OF ANIMAL: DOG [] CAT [] SKUNK [] RACCOON [] BAT [] OTHER:
BREED: COLOR: MALE [] FEMALE []
NAME: RABIES VACCINATION DATE:
RABIES TAG #: VET CLINIC:

PERSON MAKING REPORT: DATE:

ANIMAL CONTROL DEPARTMENT USE ONLY

CALL ID #: RELEASE DATE:
CITATION: YES [] NO []
CITATION #: ISSUE DATE:
OFFICER:
VICTIM NOTIFIED OF RELEASED FROM QUARANTINE: YES [] NO [] DATE:
ANIMAL FOUND: YES [] NO []
CODE 1 BY ACO: YES [] NO []
SENT FOR DIAGNOSIS: YES [] NO []
DATE SUBMITTED: SPEC#:

COMMENTS (USE BACK IF NECESSARY):

IF THIS BITE OCCURRED WITHIN THE CITY OF WICHITA, PLEASE FAX THIS FORM TO WICHITA ANIMAL SERVICES AT (316)350-3372

