



# THE COMMONWEALTH OF MASSACHUSETTS

## ANIMAL CONTROL OFFICER ANIMAL BITE REPORT

City or Town of: \_\_\_\_\_

### 1. Person reporting animal bite:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Bite victim's information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Victim's phone number: \_\_\_\_\_ Victim's age: \_\_\_\_\_ Victims DOB: \_\_\_\_\_

### 3. Bite information:

Date of bite: \_\_\_\_\_ Time of bite: \_\_\_\_\_

Address where bite occurred: \_\_\_\_\_

Describe how bite occurred: \_\_\_\_\_

Location of bite on victim: \_\_\_\_\_ Treatment information: \_\_\_\_\_

### 4. Animal information:

Type of animal: Dog ☐ Cat ☐ Other: \_\_\_\_\_

Was animal captured? Yes ☐ No ☐ If yes, where? \_\_\_\_\_

Animals name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

License #: \_\_\_\_\_ issued in the city or town of : \_\_\_\_\_ or unlicensed ☐

Current rabies vaccine: Yes ☐ No ☐ Date vaccinated: \_\_\_\_\_ 1 yr ☐ 3 yr ☐

Animal owner: \_\_\_\_\_ Owner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Animal euthanized by: \_\_\_\_\_ on \_\_\_\_\_  
(Veterinarian) (Date)

Sample submitted for rabies testing: Yes ☐ No ☐ Results: Positive ☐ Negative ☐ Unsatisfactory ☐

ACO signature: \_\_\_\_\_ Date: \_\_\_\_\_

White copy - Animal control / Yellow Copy - Animal Owner / Pink Copy - Board of Health