



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? _____

Animal's 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: _____