

TOWN OF WAITSFIELD - ANIMAL BITE REPORT FORM

Dog Warden: _____ **Health Officer:** _____

Bite: Dog Cat Other _____

Date: _____ Time: _____ a.m. p.m.

Name of victim: _____

Location of bite on victim's body: _____

Address of victim: _____

Telephone number: _____

Doctor contacted: _____ Telephone number: _____

Animal found? Yes No

Owner of animal: _____

Address: _____

Telephone number: _____

Rabies Tag number: _____ Date of last rabies shot: _____

Veterinarian: _____ Telephone number: _____

Action taken: _____

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