

**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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