



Setti D. Warren
Mayor



Public Health
Prevent. Promote. Protect.

Animal Bite Form

Date: ____ / ____ / ____

Time: ____ : ____

Location of Incident: _____

Owners Information of Animal that Bit

Name: _____ DOB: _____

Address: _____

Home: (____) _____ Cell: (____) _____ **Unknown**

Medical Information of Animal

Dog Cat Other _____ Type/ Breed: _____ Name: _____

Veterinary Clinic: _____ Tel: (____) _____

Did the Bite Occur in an Off-Lease Area? Yes No Unknown: Name of Area: _____

Is Animal Vaccinated for Rabies? Yes No Unknown

Vaccination Verified with Vet Clinic? Yes No

Current City of Newton Dog License? Yes No Unknown

Victim Information

Person (bitten) Name: _____ DOB: _____

Address: _____

Home: (____) _____ Cell: (____) _____

Animal (bitten)

Dog Cat Other _____ Type/ Breed: _____ Name: _____

Animal deceased? Yes No Is Animal Vaccinated for Rabies? Yes No Unknown

DPW notified for pickup? Yes No

Medical Facility Victim Treated at: _____

Part of Body Bitten: _____

Owners Information of Animal Bitten (Parental Information if Child Bitten)

Name: _____

Address: _____

Home: (____) _____ Cell: (____) _____

FAX BITE FORM TO: HEALTH DEPARTMENT FAX# (617) 552-7063

REPORTING OFFICER: _____ ID#: _____

PLACE COMPLETED FORM IN TRAFFIC MAIL BOX, LEAVE INC# ON A/C VOICEMAIL EX.2109