



KERN COUNTY ANIMAL SERVICES
ANIMAL BITE REPORT

MUST BE COMPLETED BY MEDICAL PROFESSIONAL ONLY - ALL INFORMATION MUST BE FILLED IN

Street and City Where Bite Occurred _____

Explain How the Bite Occurred _____

BITE VICTIM INFORMATION

Victim Name _____ Part of Body Bitten _____

Date of Birth _____ Extent of Injury _____

Street Address _____ Date Bitten _____

City, State, Zip _____ Date Treated _____

Phone Number _____ Physician Phone Number () _____

Treating Physician _____ Form Completed by _____

ANIMAL INFORMATION

Animal Breed _____ Color of Animal _____

Sex of Animal _____ Animal Name _____

ANIMAL OWNER INFORMATION

Animal Owner Name _____ City, State, Zip _____

Street Address _____ Phone Number () _____

TO BE COMPLETED BY ANIMAL CONTROL STAFF

Bite Number _____ Activity Number _____

Animal Control Comments _____

OFFICER NAME _____ **DATE** _____

*FAX COMPLETED REPORT TO (661) 868-7101 or email animalcontrol@co.kern.ca.us

FOR QUESTIONS PLEASE CALL (661) 868-7100