Borough of Saddle River
Board of Health

ANIMAL BITE REPORT

Date of Bite : _____ Date Reported: _____

Reported By: _____

BITING ANIMAL

Species : _____ Name: _____

Breed:_____ Color:_____ Age: _____Sex: _____

Vaccination Status: _____ Lic. #: _____ Yr: _____

Owner: _____Phone: _____

Address: _____

Location Bite Occurred at: _____

Attending Veterinarian: _____Phone: _____

Address: _____

Animal Disposition (Circle One): Escaped Euthanized Quarantined

PERSON BITTEN

Name: _____ Phone: _____

Address: _____

_____

Number and Locations of Bites: _____

_____

_____

Physician: _____ Phone:_____

Address: _____

Remarks: _____