

SOLANO COUNTY RABIES CONTROL
ANIMAL BITE REPORTING FORM
FAX TO: (707) 784-5122

MUST BE COMPLETED BY AGENCY/HOSPITAL OFFICIAL

Please write legibly

INCIDENT	LOCATION WHERE BITE OCCURRED (ADDRESS)				DATE OF BITE	TIME OF BITE	
	CIRCUMSTANCE (HOW DID THE BITE HAPPEN?) Use Comment box below to explain in detail						
	AGENCY/PERSON FILLING OUT THIS FORM				DATE REPORT TAKEN	TIME OF REPORT	
BITE VICTIM	NAME OF BITE VICTIM		SEX M F	D.O.B.	IF MINOR, PARENT/GUARDIAN NAME	PARENT/GUARDIAN PHONE # () -	
	HOME ADDRESS		CITY/STATE		DRIVER LIC. #	PHONE # () -	
	BODY PART BITTEN (BE SPECIFIC , L HAND, R LEG, ETC)				SEVERITY OF BITE (MANDATORY , CIRCLE ONE) MINOR MODERATE SERIOUS SEVERE		
ANIMAL & OWNER	NAME OF ANIMAL OWNER		SEX M F	D.O.B.			
	HOME ADDRESS		CITY/STATE		DRIVER LIC. # / STATE	PHONE # () -	
	CURRENT LOCATION OF ANIMAL (OR LAST KNOWN LOCATION WHERE ANIMAL WAS SEEN)						
	ANIMAL NAME	AGE	COLOR	ANIMAL TYPE / BREED		SEX M F	RABIES VACCINE? Y OR N
	DATE LAST VACCINATED		VETERINARIAN		APPEARANCE OF ANIMAL (CIRCLE ONE) HEALTHY SICK INJURED		
COMMENTS:							

Solano County is declared a high rabies county by the CA Dept. of Public Health pursuant to H&S Code 121585. CA State Rabies Laws & Regulations require that all animals subject to rabies that have bitten, or otherwise exposed a person to rabies, must be reported to the local Health Officer/Rabies Control Officer (Title 17, CA Code of Regulations Section 2606). In Solano County, Sheriff's Animal Control Officers are designated as the Rabies Health Officer.

All Peace Officers and Boards of Health shall carry out the provisions of the chapter governing the rabies control laws (H&S Code 121615).

Any person who willfully conceals information about the location or ownership of an animal subject to rabies, that has bitten or otherwise exposed a person to rabies, with the intent to prevent the quarantine or isolation of that animal by the local health officer is guilty of a misdemeanor (H&S Code 121705).

REPORTING PERSON	AGENCY/HOSPITAL	DATE	FAXED DATE	FAXED TIME
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