

**CITY OF HACKENSACK**  
**Department 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: \_\_\_\_\_ Quarantined \_\_\_\_\_ Euthanized \_\_\_\_\_ Escaped \_\_\_\_\_

**PERSON BITTEN - EXPOSED**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Number and Locations of Bites: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby swear or affirm that the information submitted by me in this report is true and correct to the best of my knowledge.

Print Name, Sign and Date: \_\_\_\_\_

