



**Public Health**  
Prevent. Promote. Protect.  
Muskegon County

# Animal Bite Reporting Form

WITHIN 24 HOURS FAX FORM TO: (231) 724-1325  
If you have questions, please call: (231) 724-1204

## Patient Information:

First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino  Arab  Non-Arab  Unknown  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: MI Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Sex:  Male  Female Parent/Guardian's name if patient is a minor: \_\_\_\_\_

## Patient Medical Information:

Part of Body Injured: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_  
Treatment: \_\_\_\_\_  
Medication: \_\_\_\_\_ Date of Last Tetanus Vaccine: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_

## Animal Owner Information:

First & Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: MI Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name of Animal: \_\_\_\_\_  
Animal Species:  Dog  Cat  Other: \_\_\_\_\_  
Sex:  Male  Female Breed: \_\_\_\_\_ Color: \_\_\_\_\_

## Report Submitted By:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date: \_\_\_\_\_