



KENT COUNTY ANIMAL CONTROL

BITE REPORT

VICTIM INFORMATION		ID CODE		BUSINESS			
NAME		LAST NAME					
PARENT OR GUARDIAN (IF MINOR)		STREET ADDRESS					
CITY	STATE	ZIP CODE	CIVIL DIVISION	HOME PHONE	WORK PHONE		
PARENT OR GUARDIAN		BITE LOCATION ON BODY					
DATE OF BIRTH		DATE OF BITE					
STATEMENT OF INCIDENT:							
OWNER INFORMATION		ID CODE					
NAME		STREET ADDRESS					
CITY	STATE	ZIP CODE	CIVIL DIVISION	HOME PHONE	WORK PHONE		
STATEMENT OF INCIDENT:							
ANIMAL INFORMATION		<input type="checkbox"/> VICTIM'S HOUSEHOLD PET <input type="checkbox"/> ACQUAINTANCE'S PET		<input type="checkbox"/> STRANGER'S PET <input type="checkbox"/> STRAY		<input type="checkbox"/> WILD	
SPECIES	BREED	SEX	AGE	NAME	LICENSE #	VETERINARIAN	RABIES EXP. DATE
SPECIES	BREED	SEX	AGE	NAME	LICENSE #	VETERINARIAN	RABIES EXP. DATE
DESCRIBE CIRCUMSTANCE:							
REPORTED BY		NAME OF MEDICAL FACILITY					
STREET ADDRESS		PHONE NUMBER					
CITY		RABIES POST EXPOSURE PROPHYLAXIS					
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING					
STATE	ZIP CODE	FIRST AID/MEDICAL FOLLOW UP FOR VICTIM					

Submit Form by email or fax:

Kent County Animal Shelter - 740 Fuller Avenue N.E. - Grand Rapids, MI 49503
 Phone: 616-632-7300 Fax: 616-632-7327 Email: KCAS@kentcountymi.gov