



Public Health

ANIMAL BITE REPORT FORM
Durham County Department of Public Health

Form *must* be completed by Victim of animal bite and returned to Durham County Department of Public Health

MAIL OR FAX TO:

Attention of: Immunization Project Manager
Durham County Department of Public Health
414 East Main Street
Durham, NC 27701
Fax: 919-560 -7828

I. Victim Information		
Last Name:	First Name:	DOB/Age:
If Child, Parent's Name:		
Address:		
Home Phone:	Cell/work phone:	
Date of Bite:	Time of Bite:	Location:
II. Bite Information		
Circumstances under which the bite occurred:		
Description/location of wound(s):		
Name of investigating officer from Animal Services: _____		
Signature of Bite Victim: _____		Date: _____