



## RUFF Bite Report

Report Received By \_\_\_\_\_ Activity# \_\_\_\_\_

Date/Time \_\_\_\_\_

Bite Type (check one):  Puncture  Scratch  Laceration  Exposure  No Reported Bite

Bite Date \_\_\_\_\_ Time of Occurrence \_\_\_\_\_

Animal Type (Description of Animal) \_\_\_\_\_

(Breed, Coloring, Gender, Name)

License (check one)  Yes  No IF YES- Lic# \_\_\_\_\_ Exp Date \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

Owner Phone# \_\_\_\_\_

Victim Name \_\_\_\_\_ Reported By \_\_\_\_\_

Victim Address \_\_\_\_\_ RP Address \_\_\_\_\_

Victim Mailing Address \_\_\_\_\_

Victim Phone \_\_\_\_\_ RP Phone \_\_\_\_\_

Victim Age \_\_\_\_\_ Victim Gender \_\_\_\_\_

Relation to Dog Owner (if any) \_\_\_\_\_

Location of Bite (on victim's body) \_\_\_\_\_

Severity of Bite \_\_\_\_\_

Circumstances of Bite (check one)  injured  playful  provoked  sick  vicious  unknown

(Details) \_\_\_\_\_

Treatment By \_\_\_\_\_ Date \_\_\_\_\_

Facility Address \_\_\_\_\_ Phone# \_\_\_\_\_

Description of Treatment \_\_\_\_\_