

Ogle County Animal Control

105 S. 5th St., Suite 112, Oregon, IL 61061

Phone: 815-732-1185 Fax: 815-732-3080

ANIMAL BITE INFORMATION

Date of Bite _____ Reported By _____

VICTIM INFORMATION:

Name _____ Age _____ Sex _____

Address _____

City _____ ST _____ Zip _____

Phone Number _____

Where (on body) Bitten _____

Parents of Person Bitten (if child) _____

Address of Parents _____

Parents Phone Number _____

ANIMAL INFORMATION:

Type of animal (dog/cat/bat etc.) _____ Breed _____

Color/Markings of Animal _____ Animal Name _____

Male or Female _____

The following information applies to dogs/cats only:

Is Animal Vaccinated _____ Vaccination Expiration _____

Tag Number _____ Tag Expiration: _____

Veterinary Clinic where dog/cat was vaccinated _____

ANIMAL / PET OWNER INFORMATION:

Name _____ Address _____

City _____ ST _____ Zip _____

Phone Number _____

The animal/pet owner is to confine animal/pet at home for 10 days unless otherwise notified. If a dog is unvaccinated, or if the animal/pet has bitten the victim in the head or face, the animal/pet must be confined at a veterinary clinic rather than at home (unless otherwise instructed by the Ogle County Animal Control Office). The animal/pet owner will receive a copy of an animal bite report and the report is to be signed by a veterinarian upon examination after the 10 day holding period.

* FAX COMPLETED FORM TO 815-732-3080 *