

SAN JOAQUIN COUNTY ANIMAL BITE REPORT
Fax to Animal Control Jurisdiction where animal owner lives
THIS REPORT IS TO BE FILLED OUT BY PROVIDER NOT BITE VICTIM

ABR NO: _____

PATIENT INFORMATION									
LAST NAME			FIRST			STREET ADDRESS			CITY STATE ZIP CODE
PATIENT'S SEX	PATIENT'S DOB		CELL PHONE NUMBER			HOME PHONE NUMBER		WORK TELEPHONE NUMBER	
PARENT NAME (IF ABOVE IS A MINOR)			PARENT ADDRESS IF DIFFERENT FROM ABOVE			PHONE IF DIFFERENT FROM ABOVE CELL HOME WORK			
NAME OF PERSON FILLING OUT FORM		DATE REPORT COMPLETED		ADDRESS OF REPORTEE			TELEPHONE NUMBER		
TREATED BY MD		DATE TREATED		ADDRESS OF PERSON GIVING TREATMENT			TELEPHONE NUMBER		
DATE BITTEN/DATE EXPOSED		TIME BITTEN		ADDRESS WHERE BITTEN/EXPOSED					
LOCATION OF BITE ON PERSON'S BODY		RABIES POST EXPOSURE PROPHYLAXIS STARTED YES <input type="checkbox"/> NO <input type="checkbox"/> DATE _____							
***DESCRIBE CIRCUMSTANCES OF BITE OCCURRENCE: THIS SECTION IS REQUIRED									
CHECK BITE CIRCUMSTANCES - PROVOKED <input type="checkbox"/> UNPROVOKED <input type="checkbox"/>									
OWNER OF ANIMAL LAST NAME			FIRST			ADDRESS STREET			CITY STATE ZIP CODE
CELL PHONE NUMBER		WORK PHONE NUMBER	HOME PHONE NUMBER		TYPE OF ANIMAL DOG <input type="checkbox"/> BAT <input type="checkbox"/> CAT <input type="checkbox"/> OTHER SPECIFY _____			WILD DOMESTIC STRAY	
ANIMAL'S NAME		SEX MALE FEMALE	COLOR	ANIMAL AGE		ANIMAL DESCRIPTION			

INVESTIGATIVE REPORT

RABIES VACCINATION CURRENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE GIVEN		VETERINARIAN (OR CLINIC)		IS DOG LICENSED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
QUARANTINE LOCATION (CAGE NUMBER ALSO)				OFFICER'S OBSERVATION OF ANIMAL'S CONDITION UPON QUARANTINE					
QUARANTINED BY				DATE QUARANTINED		OWNER/CUSTODIAN SIGNATURE X			
ANIMAL EVALUATED YES <input type="checkbox"/> NO <input type="checkbox"/>		RELEASED BY: (PRINT NAME)		SIGNATURE X			DATE RELEASED		
CAUSE OF DEATH DIED <input type="checkbox"/> KILLED <input type="checkbox"/> EUTHANIZED <input type="checkbox"/>		DATE OF DEATH		SPECIMEN SUBMITTED TO LAB BY (PRINT NAME)		AGENCY		DATE/TIME	
DETAILS OF DEATH - SPECIFY									
DETAILS OF EXPOSURE (IF ADDITIONAL SPACE IS NEEDED, USE AN EXTRA SHEET OF PAPER AND ATTACH									
OFFICIALS NOTIFIED	DATE	INITIALS		DATE	INITIALS		DATE	INITIALS	
HEALTH OFFICER			ATTENDING PHYSICIAN			OWNER			
ANIMAL CONTROL AGENCY			ATTENDING VETERINARIAN			VICTIM			
OTHER									

LABORATORY REPORT

PUBLIC HEALTH SERVICES OF SJC 1601 East Hazelton Avenue, Stockton, CA 95205			LABORATORY NUMBER			LABORATORY PRIORITY URGENT <input type="checkbox"/> ROUTINE <input type="checkbox"/> HOLD <input type="checkbox"/>			
PATIENT'S NAME (LAST, FIRST)			RESULTS (To be completed by laboratory only)						DATE RECEIVED
ADDRESS									DATE REPORTED
MATERIAL & SOURCE		AGE	SEX						
TEST FOR		DATE SPECIMEN TAKEN							

SAN JOAQUIN COUNTY ANIMAL BITE REPORT
FAX WITHIN 24 HOURS

- **FAX TO THE ANIMAL CONTROL JURISDICTION WHERE THE ANIMAL OWNER LIVES (numbers listed below)**
- **OUT OF COUNTY BITE EXPOSURES ARE TO BE ROUTED TO SAN JOAQUIN COUNTY ANIMAL CONTROL.**

JURISDICTIONS	PHONE NUMBER	FAX NUMBER
San Joaquin County Animal Control Division	953-6073	953-6080
<ul style="list-style-type: none"> • Unincorporated areas of San Joaquin County • City of Stockton • City of Lodi 		
City of Escalon Animal Control Division	838-7093	838-6561
City of Lathrop Animal Control Division	941-7240	941-7219
City of Manteca Animal Control Division	456-8270	823-3817
City of Ripon Animal Control Division	599-2102	599-4034
City of Tracy Animal Control Division	831-6364	831-6599
San Joaquin County Public Health Services	468-3822	468-8222