



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 _____