



Melanie Sobel  
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Santa Cruz County Animal Shelter  
**Field Services Division**  
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580 Airport Boulevard, Watsonville, CA 95076  
Phone: (831) 454-7303 Fax: (831) 454-7222

## MEDICAL PROVIDER REPORT OF AN ANIMAL BITE

This form must be completed by a health services worker.

California state law stipulates that all animal bites resulting in human skin being broken must be reported to the local animal control authority. In order to comply, this form must be completed with as much detail as is available. **Please fax the completed form the following number, where it will be received by an animal control worker: (831) 454-7222.**

If you have further questions, please dial (831) 454-7303 x1.

Person Bitten		Age	Sex	DOB	Date Reported
Street Address (No P.O. boxes, please)		City		Phone(s)	
Reporting Party	Location on body extent of injury	Date of Bite		Time of Bite	
Circumstances of Bite		Provoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Skin Broken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treated by: Hospital / Clinic		Name of Physician			
Signature of Physician					
Type of Animal <input type="checkbox"/> Dog <input type="checkbox"/> Other _____ <input type="checkbox"/> Cat	Description of Animal			Animal's Name	
Name of Animal Owner			Phone(s)		
Street Address (No P.O. boxes, please)			Nearest Cross St.		City