



Animal Bite Report Form

Fax or call to the local Police Department where the bite occurred within 24 hours. After notifying the local Police Department, please fax this form to the Tippecanoe County Health Department @ 765-423-9373

Lafayette Police Dept. Fax: 765-807-1281
West Lafayette Police Dept. Fax: 765-775-5228
Tippecanoe County Sheriff's Dept. Fax: 765-423-4155

First and Last name of Victim: _____
Parent/Guardian if Victim is a Minor: _____

Victim Address: _____

Victim Date of Birth: _____ Victim Phone Number: _____

Species of Biting Animal: _____ Date Bite Occurred: _____

Where on the body is the injury: _____ What type of injury: _____

Owner's First and Last Name: _____

Owner's Address: _____

Owner's Date of Birth: _____ Owner's Phone Number: _____

Medical Treatment Provided for the Injury: Yes No Treatment: _____

Was Animal Vaccinated for Rabies: Yes No When: _____

Was Rabies Prophylaxis Initiated: Yes No

Was Animal Quarantined: Yes No Where: _____

Facility Reporting Animal Bite: _____

Name of Person Reporting Animal Bite: _____

Phone Number for Person Reporting Animal Bite: _____

Statement of Incident: _____

