

**ANIMAL BITE REPORT
ST. FRANCIS POLICE DEPARTMENT**

Date Reported _____ Time Reported _____ Officer _____

Date of Bite _____ Time of Bite _____ ICR # _____

Location of Incident _____

VICTIM INFORMATION

Name of Victim _____ DOB _____

Address _____ Phone _____

Parent or Guardian if Victim Juvenile _____

Location of Wound _____ Skin broken _____

Circumstances of attack _____

ANIMAL INFORMATION

Breed _____ Color(s) _____ Male/Female _____

Dog License Number _____ Neutered _____

Owner _____ Address _____

Phone _____ Dog impounded at _____

OFFICER INFORMATION

Extent of injury _____

Doctor's name and/or hospital _____

Address _____

Officer Remarks _____

QUARANTINE NOTICE

In accordance with State Law, this animal is to be impounded in St. Francis at above address of owner or at a licensed veterinary establishment (if vaccination records are not current) for 10 days from time of bite. If the animal, in the 10th day, shows any signs or symptoms of rabies, the quarantine period shall be extended.

During the quarantine period, the animal shall be securely confined so that the animal cannot come in contact with persons or other animals. The animal may not be removed from the county without permission. This animal is not to be disposed of during the quarantine period.

QUARANTINE AGREEMENT

I understand the above order and hereby agree to impound the animal at home or at a licensed veterinary establishment and, if the animal dies or becomes sick during the 10 days of confinement, I will personally see that notification is made to the St. Francis Police Department. I certify that I have received a true and correct copy of this report, Quarantine Notice and Quarantine Agreement.

WITNESS _____

WITNESS _____

Animal owner signature

Date