



Public Health
Prevent. Promote. Protect.
Muskegon County

Animal Bite Reporting Form

WITHIN 24 HOURS FAX FORM TO: (231) 724-1325
If you have questions, please call: (231) 724-1228

Patient Information:

First & Last Name: _____ Date of Birth: _____
Race: _____ Ethnicity: Hispanic/Latino Non-Hispanic/Latino Arab Non-Arab Unknown
Street Address: _____ City: _____
County: _____ State: MI Zip Code: _____ Phone: (____) _____
Sex: Male Female Parent/Guardian's name if patient is a minor: _____

Patient Medical Information:

Part of Body Injured: _____ Date of Injury: _____
Location of Incident: _____
Treatment: _____
Medication: _____ Date of Last Tetanus Vaccine: _____
Primary Care Physician: _____

Animal Owner Information:

First & Last Name: _____ Date of Birth: _____
Street Address: _____ City: _____
County: _____ State: MI Zip Code: _____ Phone: (____) _____
Name of Animal: _____
Animal Species: Dog Cat Other: _____
Sex: Male Female Breed: _____ Color: _____

Report Submitted By:

Name: _____ Title: _____
Agency: _____ Date: _____