

# Oakland County Animal Control

1200 Telegraph Road Bldg 42E

Pontiac, MI. 48341

Telephone: (248) 858-1090

Fax: (248) 858-5841

Bite # \_\_\_\_\_

Report # \_\_\_\_\_

Date of Report \_\_\_\_\_

Time \_\_\_\_\_

Reported by \_\_\_\_\_

Person Bitten \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date Bitten \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Telephone number \_\_\_\_\_

Address of Person Bitten \_\_\_\_\_  
(If Under 18 Yrs)

Location of Bite on Body \_\_\_\_\_  
Number Street City / Twp Zip Code

Type of Bite: ☐ Puncture ☐ Laceration ☐ Scratch ☐ Other \_\_\_\_\_

Treatment \_\_\_\_\_ Where \_\_\_\_\_

Why Bitten \_\_\_\_\_

Location of Where Bite Occurred \_\_\_\_\_

Owner of Animal \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Species of Animal: ☐ Dog ☐ Cat ☐ Bat ☐ Other \_\_\_\_\_  
Number Street City Zip Code

Description \_\_\_\_\_  
Breed Sex Color Name

Vaccinated: ☐ Yes ☐ No Date \_\_\_\_\_

Veterinarian \_\_\_\_\_ Telephone Number \_\_\_\_\_

License Number \_\_\_\_\_ Animal Found ☐ Yes ☐ No

Animal Euthanized \_\_\_\_\_ By \_\_\_\_\_

Remarks \_\_\_\_\_

## QUARANTINE OF ANIMAL

The signing of this form and/or the submission of an animal to quarantine does not constitute admission of liability for animal bite. Owner fully understands that his or her animal will be confined at \_\_\_\_\_ under quarantine for a period of ten (10) calendar days from date.

Release Date \_\_\_\_\_

Should the animal be found to be free of rabies infection at the expiration of the ten (10) days quarantine period, the owner agrees to call for his or her animal. If the animal is quarantined at the shelter and is not taken from the shelter within seven (7) days from expiration of the ten (10) day period, the animal will be sold or destroyed.

The owner of the animal is responsible for any expenses incurred for confinement period should the Animal Control Officer deem it necessary to confine the animal at a place other than the owner's residence.

I hereby certify that I have read the above and I am fully aware of the conditions of the same.

Owner \_\_\_\_\_ Date \_\_\_\_\_

Shelter attendant / Officer \_\_\_\_\_ Date \_\_\_\_\_

## RABIES EXAMINATION

Animal Head Examined for Rabies: ☐ Yes ☐ No Date \_\_\_\_\_ Result \_\_\_\_\_

Rabies Prophylaxis Recommended: ☐ Yes ☐ No Date \_\_\_\_\_ By \_\_\_\_\_