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.

[Signatures and dates]