

Animal Bite Report

Patient's Name _____

Age _____

Telephone Number _____

Address _____

Date of Injury _____

Location of Injury (on body) _____

Owner of Animal's Name _____

Owner's Address _____

Owner's Telephone Number _____

Kind of Animal _____

Date of Rabies Vaccination _____

Name of Veterinarian _____

Remarks _____

For Office Use Only

Treatment Given _____

Physician's Name _____

Physician's Address Emergency One, 40 Hurley Avenue Kingston, NY 12401

Physician's Telephone Number 845-338-5600

FAX Report to 340-3045