Animal Bite Report: Mail To: Whitman County Health Department 310 North Main Street, Colfax, WA 99111

Date of Report:	Case	Number:			
Date of Incident:	Time of Incident:				
Address of Incident:					
Str	reet Address:		City:		State:
Inside/Outside:	Front/Back/Side Yard:		Confined/Chained/Free:		
On/Off premises:		Otl	Other:		
Victim Information:					
Address: Street Address			City:		State:
	Wasta Diagram		•	L	
Home Phone: Date of Birth:	Work Phone: Gender:	Weight:	Cell Pl Height		
Location of Injury:	Type of Injury:				
Treatment:			-		
Treatment.					
Animal Information:	Dura di		C		A
Species: Color and Markings:	Breed:		Gender: Nam	0.	_ Age:
Size:				-	
Rabies Vaccination Expiration		X7 .	ion:		
Rabies Vaccination Expiration	l:	v eterman	iaii		
Owner Name:					
O N					
Owner Name:					
Address: Street Address			City:		State:
Home Phone:	Work Phone:	Cell Pho	ne•	Rirth Date:	
Description of Incident:				_ Diriii Daic.	
	Investigator:				
Observations:					
Location of Quarantine:					
Animal Healthy/Sick/Died: _					