

**MACOMB COUNTY ANIMAL BITE REPORT FORM**

**THIS FORM IS TO BE USED FOR ALL ANIMAL BITES**

Person Bitten: \_\_\_\_\_

Address: \_\_\_\_\_

City/Twp: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of incident: \_\_\_\_\_ Type of Bite: \_\_\_\_\_

Treatment: Yes No unk      Body Location of Bite: \_\_\_\_\_

Dr. or Hospital: \_\_\_\_\_

Municipality In Which Bite Occurred: \_\_\_\_\_

Animal Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

City/Twp: \_\_\_\_\_ Phone: \_\_\_\_\_

Animal: \_\_\_\_\_ Breed \_\_\_\_\_ Color: \_\_\_\_\_

Rabies Vaccination Expiration: \_\_\_\_\_ Quarantine: Yes No Where: \_\_\_\_\_

Narrative: \_\_\_\_\_

Reporting Agency: \_\_\_\_\_ Reported by: \_\_\_\_\_

**IMMEDIATELY FAX THE BITE INFORMATION TO THE  
MACOMB COUNTY ANIMAL SHELTER AT 810 783-0906.  
MAIL THE ORIGINAL TO THE ADDRESS IN THE BACK.**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**B U S I N E S S   R E P L Y   M A I L**  
FIRST CLASS MAIL      PERMIT NO. 105      MT CLEMENS, MI

POSTAGE WILL BE PAID BY ADDRESSEE

MACOMB COUNTY ANIMAL SHELTER  
21417 DUNHAM ROAD  
CLINTON TWP, MI. 48036

