

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 _____
(If Under 18 Yrs)

Address of Person Bitten _____
Number Street City/Twp Zip Code

Location of Bite on Body _____

Telephone Number _____

Type of Bite: Puncture Laceration Scratch Other _____

Treatment _____ Where _____

Why Bitten _____

Location of Where Bite Occurred _____

Owner of Animal _____

Telephone Number _____

Address of Owner _____

Species of Animal: Dog Cat Bat Other _____
Number Street City/Twp Zip Code

Description of Animal _____

Vaccinated Yes No Breed Sex Color Name 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 _____