

# Collinsville Police Department

101 North Main  
PO Box 68  
Collinsville, TX 76233  
(903) 429-6226

## Animal Bite Report

Person Bitten: \_\_\_\_\_ Site of Bite: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Where incident occurred: \_\_\_\_\_

Type/Breed of Animal: \_\_\_\_\_

Incident Causing Animal to Bite: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Place of Confinement: \_\_\_\_\_

Vaccinated?  YES  NO Date: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Animal Observed for 10 days?  YES  NO

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Disposition: \_\_\_\_\_

\_\_\_\_\_

Reporting Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Animal Control Officer: \_\_\_\_\_ Date: \_\_\_\_\_