Colusa County
Animal Bite/ Exposure Report

Reporting Officer:	Agency:	I.D. #
Date Report Taken:	Time Report Taken:	
Date of Bite:	Time of Bite:	
Location Where Bite Occurred:		
Circumstances of Bite/Exposure:		
Information provided by:		
Circle one: Provoked Unprovoked		
Others Bitten:		

Bite / Exposure Victim

Name:		Age:	D.O.B.:	Sex:
Home Address:		Driver's License #:		
P.O. Box:	City:	State:	Zip:	
Home Phone #:	Work Phone #:	Cell #:		
Parents Names, if victim is a minor:				
Location/ Extent of bite wound(s):				
Type of Exposure: Blood Saliva Excrement (circle all that apply)				

Biting / High Risk Exposure Animal

Circle one: DOG CAT BAT Other (specify):			
Breed:	Age:	Sex:	Name:
Color:	Characteristics:		
Animal has a Current License Yes No	Animal has a Current Rabies Vacc. Yes No		
Veterinarian's Name / Clinic:		Phone #:	
Rabies Vaccination Date:	1 year shot 3 year shot (circle one)		
License Year / # :	County:	Issue Date:	
Health of Animal: Healthy Sick (describe):			
Appearance of Animal: Normal Lethargic Aggressive Unknown			
Normal Temperament of Animal: Friendly Timid Protective Bites Unknown			
History of Animal:	Running unsupervised	Contact with other animals (describe)	

Owner Information

Name of Owner:			
Home Address:			
P.O. Box:	City:	State:	Zip:
Home Phone #:	Work Phone #:	Cell #:	
Driver's License #:	Age:	D.O.B.:	Sex:

Quarantine Information (for Animal Control use)

Location of Quarantine: Home Colusa Animal Shelter Veterinary Clinic Other:

Address of Quarantine:		Phone #:
Date of Quarantine:	Time of Quarantine:	By:
Date of Release:	Time of Release:	By:

Medical Treatment Received: Yes No	Date Treated:
Location Treated:	Last Tetanus Given:

NOTES

Health Officer Notification

***For Routine Bites / Exposures** (domestic, owner known or healthy animal):

Provide a written report to Colusa County Animal Control within 24 hours or the next business day. Animal Control will notify Public Health.

***For Emergency Bites / Exposures** (wild animals, strays, unable to locate, sick domestic, sick wild animal, and head, neck or facial wounds):

Contact both Animal Control and Public Health by phone or fax within 24 hours. Provide a written report within 24 hours. Refer the victim to a medical provider immediately.

Animal Control Ph # (530) 458-0229 **Public Health Ph # (530) 458-0380**
Animal Control Fax # (530) 458-4697 **Public Health Fax # (530) 458-4136**

Date Reported to Public Health:	Time:	By:

Colusa Medical Center 199 E. Webster Street Colusa, CA 95932 Phone (530) 619-0800 Fax (530) 619-0297	Colusa County Dept. of Health & Human Services 251 E. Webster Street Colusa, CA 95932 Office (530) 458-0380 Fax (530) 458-4136
City of Williams Police Department 688 Seventh Street P.O. Box 127 Williams, CA 95987 Office (530) 473-2661 Fax (530) 473-3488	City of Colusa Police Department 260 6th Street Colusa, CA 95932 Office (530) 458-7777 Fax (530) 458-2391
Colusa County Sheriff's Office Animal Control 929 Bridge Street Colusa, CA 95932 Ph: (530) 458-0229 Fax: (530) 458-4697 Updated CR 1/7/2019	