Animal Bite Questionnaire

Name of Medical Facility_____Date of Treatment_____

Victim Name_____Age_____Phone number_____

If Minor, Name of Parent/Guardian_____Work Number_____

Address of
Victim_____

Type of Animal_____Description_____

Date of Bite_____Time of Bite_____Address Where Bite Occurred_____

Circumstances of Bite_____
_____
_____

Location and Description of Wound_____
_____
Details of Wound Treatment_____
_____
Dr._____

Animal Owner_____Phone Number_____

Address of Owner_____Work Number_____

FAX TO THE ANIMAL CONTROL ANGENCY WHERE THE BITE OCCURRED

Bluffdale……..253-3270	Riverton……254-1810	West Valley……..965-3974
Draper……..576-7570	Salt Lake City……264-1802	West Jordan……..282-3953
Midvale……561-0379	Sandy City…….561-6705	Taylorsville……..264-1802
Murray…….290-4115	South Jordan……..253-2210	Holliday……...886-0762
North Salt Lake……299-0874	South Salt Lake….886-0762	Herriman……..264-1802

Unincorporated Salt Lake County……264-1802

OTHER AREAS

Utah County …….1-801-851-4089	Davis County……..1-801-444-2212
Summit County…….1-435-336-2229	Tooele County……1-435-882-6417

Additional Information: