

CONTRA COSTA COUNTY ANIMAL SERVICES DEPARTMENT

INTERIM BITE REPORT

PLEASE FAX TO APPROPRIATE ANIMAL CONTROL OFFICE

Victim/Patient Information:						
Name:			Date of Birth:			
Street Address:						
City:	ity: Zip Code:					
Phone No.: Cell Phone No.:			Alternate Phone No:			
Animal Owner Information:						
Name:						
Street Address:						
City:	Zip		ode:	Phone Numb	Phone Number:	
Animal Description Information:						
Check One:	Dog:	Cat:		Other:	Age:	
Animal Sex:	(Male)	(Fema	ale)	Animal Name	e:	
Animal Color/description:				Animal Breed:		
Animal Bite Information:						
Date Bite Occurred: Time Bite Occurred:						
Location Where Bite Occurred:						
Severity of Bite (ch	eck one)	(Minor)	(Moderate)	(5	Severe)	
Part of Body Bitten:						
Description of Bite:						
How Did Bite Occur:						
Hospital Information:						
Name of Hospital:						
Address:						
Phone No.: Name of Physician:						
Contra Costa Animal Services: 4800 Imhoff Place Martinez, CA 94553 Phone Hours: Tues-Fri 8am to 9pm; Sat 830am to 5pm Phone # 925-608-8400Fax #925-668-8401			Antioch Animal Services: 300 L St Antioch, CA 94509 Phone # 925-779-6989 Fax # 925-779-6992			
Berkeley Animal Services: 1 Bolivar Dr Berkeley, CA 94710 Phone # 510-981-6600Fax # 510-981-6610			Oakland Animal Services: 1101 29th St Oakland, CA 94601 Phone # 510-535-5670Fax #510-535-5601			
Solano Animal Services: 2510 Claybank Rd Fairfield, CA 94533 Phone # 707-784-4733Fax # 707-784-7054			Alameda County: 4595 Gleason Rd Dublin, CA 94568 Phone # 925-803-7040Fax# 925-803-7044			