## Kendall County Bite Report Phone Number 630-553-9256 Fax Number 630-553-1615

Illinois State law requires that all animal bites must be reported to animal control. This report should be completed by a medical personnel or other qualified officer and contain as much information as possible. Fax immediately to animal control. A life may depend on it.						
VICTIM INFORMATION	City bite occurred County					
Name						
Address	/ _/ _/ _/ _/ _/ Date of bite Date of report					
City/Zip code	OWNER INFORMATION					
Telephone numbers	Name					
Sex:	Address					
Relationship to animal owner	Telephone numbers					
Parent/guardian if victim is a juvenile (18 years or younger) Name	Date of birth Sex: All Male Female					
Street Address	ANIMAL INFORMATION					
Treatment received  YES  NO	Is the animal still running loose? □ Yes □ No □ Unk Has the animal died? □ Yes □ No □ Unk					
This area to filled in by physician or officer	If YES, contact animal control immediately at 630-553-9256.					
Location on body of Injury	Color/Markings					
Treating Physician/Telephone						
Bite Severity Mark area of body injured	Sex					
Bite Severity	Breed/description Age of Animal   Animal's veterinarian Animal's veterinarian   Rabies Vaccination Date vaccinated   Yes No   Ves No   Unk //   Rabies tag #   Microchip #   Circumstances:   Animal confined (indoors, penned, tethered or on leash)   Animal not confined (stray, roaming, etc)   Wild animal   Provoked   Unknown   Other					
□ Sample sent to lab for testing	□ Other					
Hospital or treating agency fax this form immediately to 630-553-1615						
Office use only						
Date received: Received by:	Officer:					

Owner/victim Contact information							
Victim:							
Date://	Officer:		□ Phone	□ In person	No contact		
Date://	Officer:		□ Phone	□ In person	No contact		
Date://	Officer:		□ Phone	□ In person	No contact		
Pet Owner:							
Date://	Officer:		□ Phone	□ In person	□ No contact		
Date://	Officer:		□ Phone	□ In person	No contact		
Date://	Officer:		□ Phone	□ In person	No contact		
Date://	Officer:		□ Phone	□ In person	No contact		
Date://	Officer:		□ Phone	□ In person	□ No contact		
Circumstances of incident:							
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Quarantine	sed	□ Failed					
If failed, explain circumstances:							