



Send completed forms to: YKHC Office of Environmental Health and Engineering
Phone: 800-478-6599 Fax: 907-543-6425

***If incident occurred in Bethel city limits please send completed form to:
Bethel Police—Attn: Animal Control Officer, 907-543-5086.**

Information on Person Reporting Dog Bite or Potential Exposure

Reporter Name: _____ Report Date: _____
Reporter Phone: _____ City/Village: _____
Village VPO/PSO: _____ Phone: _____

Information on Person Bitten or Exposed

Name (first, last): _____ Birthdate: / /
Address/Village: _____ Age: _____ Gender: M F
Parent/Guardian: _____ Phone: _____

Exposure & Treatment

Date of Exposure: _____ Part of Body: _____
Type of Exposure: Bite Scratch Other (explain): _____
Person Treated? Yes No By whom: _____ Date: _____
Severity of Injury: Hospitalized Treated and released Describe: _____

Owner / Animal Information

Owner Name: _____	Animal Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Fox <input type="checkbox"/> Other: _____
Address/Village: _____	Animal Name: _____ Age: _____ Sex: _____
Phone: _____	Color: _____ Breed: _____
Alt. Phone: _____	Vaccination History: _____ <i>(approximate month and year) Tag#</i>

IS ANIMAL RESTRAINED or CONFINED? Yes No Unknown

Details of Exposure

Explain how the exposure occurred: _____

TO BE COMPLETED BY OEHE INVESTIGATOR

Verified Information: Tag# _____ Vaccinator: _____ No record of vaccination Not Applicable
Condition of Animal: Restrained Unrestrained Unknown Alive Dead Unknown

Investigation Notes: _____

Investigator: _____ Date Received: _____ Complete Date: _____