



# VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (213)-989-7060 or (877) 747-2243 Fax: (213)-481-2375

[publichealth.lacounty.gov/vet](http://publichealth.lacounty.gov/vet)



COUNTY OF LOS ANGELES  
**Public Health**

## ANIMAL CONTROL AGENCIES

Use this form to report animals suspected of being rabid, even if no bite occurred. If there was no bite, write "None" in the PERSON BITTEN section.

PERSON BITTEN			
Victim name (last and first)		Date of Birth	Address (number, street, city and zip)
Victim phone number		Reported by:	Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)	Body location bitten
How bite occurred (explain)			
Date Treated	Hospitalized <input type="checkbox"/> YES <input type="checkbox"/> NO	Treated by	Phone number
Type of treatment			
ANIMAL			
Owner Name (last and first)		Address (number, street city and zip)	
Phone Number	Type of animal <input type="checkbox"/> Dog Breed _____ <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____		Description of animal (sex, color)
Animal Impounded <input type="checkbox"/> YES <input type="checkbox"/> NO	Animal Shelter	Cage #	Impound #
Was animal taken to a clinic for treatment <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide clinic address in this space.	
Current Rabies Vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Vaccinated	Animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not verified	
Animal licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License number	Expiration date	City or county licensed in
Animal Died? <input type="checkbox"/> Yes <input type="checkbox"/> No	Euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	If Euthanized, give reason:	
Specimen prepared and ready for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Remarks:			
Agency taking report:			
Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials