

# NORTH TEXAS ANIMAL CONTROL AUTHORITY

## ANIMAL BITE INVESTIGATION REPORT

Date:	Time:	Case#:	
Incident Location:			
Complainant:		Phone (H):	
Address:		Phone (W):	
City/State/Zip:			
Victim:		Age:	Race:
Sex:			
Address:			
City/State/Zip:			
Phone (H):	Phone (W):		Occupation:
Does the Victim Know This Animal?			
Witness #1: Name:		Phone (H):	
Address:		Phone (W):	
City/State/Zip:			
Witness #2: Name:		Phone (H):	
Address:		Phone (W):	
City/State/Zip:			
Animal Involved: Dog:		Cat:	Other:
Breed:		Color/Marking:	
Name:	Age:	Sex:	Altered:
Add'l Description:			
Current Registration:	Date:	Tag#:	
Current Vaccination:	Date:	Tag#:	
Veterinary Hospital:		Previous History:	
Owner Name:		Phone (H):	
Address:		Phone (W):	
City/State/Zip:			
Other Pets in Home (describe):			
Were these pets involved?:		Charges filed against owner:	