



5/17

# Henry County Animal Control Bite Report Information

Attention: Vince Farah, Rabies Control Officer

**(PLEASE PRINT OR TYPE )** This Report should be sent to Animal Control VIA Fax @ **770-288-7432**

A.S.A.P.)

Or E-Mail to: [vfarah@co.henry.ga.us](mailto:vfarah@co.henry.ga.us)

Date of Incident: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Am / Pm

Victim Name: \_\_\_\_\_ (if Minor Parents Name) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ (state) \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell #: \_\_\_\_\_

**(NOTE: All reports will be followed up by a phone call)**

Part of Body: **Bitten / Scratched** \_\_\_\_\_ Skin Broken **Yes / No**  
(Circle One) (Circle One)

\*\*\*\*\*

**Treated at:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
(Please Print)

\*\*\*\*\*

**Animal Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Animal Description:** Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

(If known)

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Name: \_\_\_\_\_ Rabies Tag # \_\_\_\_\_

Vets Name: \_\_\_\_\_ City: \_\_\_\_\_

**Description of Incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VOICE # 770-288-7387

FAX # 770.288.7432 Date Sent: \_\_\_\_\_ Senders Name: \_\_\_\_\_

E-Mail: [vfarah@co.henry.ga.us](mailto:vfarah@co.henry.ga.us)