

**New Jersey Department of Health  
OUT-OF-STATE ANIMAL BITE REPORT**

Report Received By (Name)			Date		Time	
Reported By				Telephone Number		
Animal Name (or ID)	Animal Type	Animal Age	Animal Sex	Animal Breed		Animal Color
Date of Bite	Geographic Location of Bite					
<b>PERSON BITTEN</b>						
Name of Person Bitten (First, Last)			Date of Birth		Telephone Number	
Street Address			PO Box, Apt., Suite		Cell Phone Number	
City		State	Zip Code		Email Address	
Is patient a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name and Telephone Number of Parent/Guardian					
<b>ANIMAL OWNER INFORMATION</b>						
Name of Animal Owner (First, Last)				Telephone Number		
Street Address			PO Box, Apt., Suite		Cell Phone Number	
City		State	Zip Code		Email Address	
Name, Address and Telephone Number of Veterinarian						
<b>MEDICAL CARE PROVIDER</b>						
Name of Medical Care Provider				Telephone Number		
Street Address			PO Box, Apt., Suite		Cell Phone Number	
City		State	Zip Code		Email Address	
Was rabies treatment started? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Date Treatment Started				
<b>CIRCUMSTANCES OF THE BITE</b>						
Location on Body where Bite Occurred						
<b>NOTES</b>						