

Sumner County Health Department

217 W 8th

Wellington, KS 67152

(P) 620-326-2774

(F) 620-440-4096

DOG BITE REPORT

Date report taken: _____ Report taken by: _____

VICTIM

Name of Victim: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Extent of Bite: _____

Known Treatment: _____

OWNER

Owner of Dog: _____

Address: _____

Phone Number: _____

Rabies Vaccination: _____ Yes _____ No Date of Vaccination: _____

Other Comments: _____
