

Collinsville Police Department

101 North Main
PO Box 68
Collinsville, TX 76233
(903) 429-6226

Animal Bite Report

Person Bitten: _____ Site of Bite: _____

Date Reported: _____ Date of Incident: _____

Address: _____ Phone Number: _____

Age: _____ Where incident occurred: _____

Type/Breed of Animal: _____

Incident Causing Animal to Bite: _____

Owner's Name: _____

Address: _____ Phone Number: _____

Place of Confinement: _____

Vaccinated? YES NO Date: _____ Veterinarian: _____

Animal Observed for 10 days? YES NO

Remarks: _____

Final Disposition: _____

Reporting Officer: _____ Date: _____

Animal Control Officer: _____ Date: _____