



Multnomah County Animal Services
1020 NW Corporate Dr.
Troutdale, OR 97060
(Mailing only)
P 503-988-7387 F 503-988-3444

ANIMAL BITE REPORT

Name of Hospital/Clinic: _____

Date and Approximate Time of Bite: _____

Name of Victim: _____

Address: _____

City, State, Zip: _____

DOB: _____

Phone Number: _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

(If under 18 years of age)

Brief Statement of Incident: _____

(Example: inside house, walking past house) _____

Location of Bite Injury: _____

(Example: left hand, skin broken)

Animal Owner Information: (if known)

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Animal Information: _____

(Example: black longhaired Lab)

Location of Incident: _____

(Example: Park, address, neighborhood)

ORS 433.345 Requires that animal bites be reported to Multnomah County Animal Services