CC #: _____

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF EMERGENCY MEDICAL SERVICES

ANIMAL BITE REGISTRY

A Suffolk County **"Animal Bite Registry"** form must be completed every time EMS personnel respond to and/or treat a human victim of an animal bite. Please complete this form and mail it to the authorized parties within twenty-four (24) hours of the bite incident.

BITE VICTIM'S NAME: _____

BITE VICTIM'S ADDRESS: _____

ADDRESS WHERE THE BITE OCCURRED:

_____

DATE AND TIME OF BITE: _____

POLICE ON SCENE: _____ YES _____ NO

POLICE DEPARTMENT: _____

COMMENTS: _____

_____

AMBULANCE SERVICE NAME: _____

PCR # _____

PRINTED NAME OF PERSON COMPLETING REPORT: _____

DATE OF REPORT: _____

Please fax a copy of the Division of Public Health Bite Complaints form to: (631) 853-3073
(The Division of Public Health Bite Complaints form must be filled out with this form.)

DISTRIBUTION:	WHITE:	EMS Agency (stay's with original PCR)
	YELLOW:	Suffolk County Police Department
	PINK:	Suffolk County Dept. of Health Services, Division of Public Health
	GOLD:	Town Animal Control Officer