

# XXX BITE COMPLAINT FORM

Date Notified: \_\_\_\_\_ Time: \_\_\_\_\_

By Whom: \_\_\_\_\_

Person Bit: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone no: \_\_\_\_\_

Description of xxx: \_\_\_\_\_

Owner of xxx: \_\_\_\_\_ Owner's Phone no: \_\_\_\_\_

Did xxx break skin:            YES        NO        Where? \_\_\_\_\_

Were authorities notified:    YES        NO        Who? \_\_\_\_\_

Has xxx been apprehended:    YES        NO        Where? \_\_\_\_\_

Has vet been notified:        YES        NO

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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