



Fairbanks North Star Borough
 Division of Animal Control
 2408 Davis Road, PO Box 71267
 Fairbanks, Alaska 99707-1267

Phone: 907-459-1493
 FAX: 907-205-5174
 Email: bite@fnsb.gov

PATIENT INFORMATION

Bassett Bite Number: _____

Animal Bite Incident Report

Victim:		DOB:	
Parent/Guardian (if victim is a minor):		Cell Phone:	
Physical Address:		Home Phone:	
Mailing Address (if different from physical):		Work Phone:	
Owner of Animal:		Phone Number:	
Address of Owner:			
Species and Description of the Animal Including Name and Breed if Known:			
Date of Incident:	Time of Incident:	Location of Incident:	
Nature of Incident:			
For Healthcare Provider Only		Did the bite break the skin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If checked yes, describe the injury:			
Date Treated:		Time Treated:	
Facility Name: FMH <input type="checkbox"/> Coalition <input type="checkbox"/> CAIHC <input type="checkbox"/> TVC 1 st Care <input type="checkbox"/> Bassett <input type="checkbox"/> UAF <input type="checkbox"/> 1 st Care West <input type="checkbox"/> Steese <input type="checkbox"/> US Health <input type="checkbox"/> Other: _____			Healthcare Provider Name: Healthcare Provider Signature:
Reported to Animal Control by:		<u>FOR ANIMAL CONTROL USE ONLY</u>	Date and Time Reported: