



**NKY Health (Environmental Health & Safety)
(Boone, Campbell, Grant, & Kenton Counties)**

Fax: (859) 578-7871
Phone: (859) 341-4151

Animal Bite Information

County Animal is Located: _____ Date Bite Occurred: ____/____/____

Owner's Name _____				
Owner's Address: _____				
(street #)	(street name)	(city)	(state)	(zip)
Owner's Phone #: _____ - _____ - _____		(Cell) : _____ - _____ - _____		

Type of Animal: Dog Cat Bat Raccoon Ferret Skunk Other: _____

Breed: _____ Sex: _____ Color: _____ Name: _____

Name of Victim: _____			
Victim's Home Address: _____			
(street #)	(street name)	(city)	(state) (zip)
Victim's Phone: _____ - _____ - _____		(Cell) _____ - _____ - _____	
Victim's Age: _____		DOB: _____	
Name of Parent/Guardian if Victim is a Minor: _____			
Parent/Guardian Phone: _____			
Location of Bite on Victim: _____			

Were Police notified? Yes ___ No ___

Animal Held at Shelter? Yes ___ No ___ Shelter Location: _____

FROM: _____ SEMC (Covington) 859-292-4353 Faxed by: _____
 _____ SEMC (Edgewood) 859-344-2250
 _____ SEMC (Grant) 859-824-8240 Date: _____
 _____ SEMC (Ft Thomas) 859-572-3151
 _____ SEMC (Florence) 859-212-5440 (nurse 5441)
 _____ Other _____

**** Please complete entire form and print information clearly ****