



**Saginaw County
Animal Care & Control
5615 Bay Road Saginaw, MI 48604**

Ph: (989)797-4500

scacc@saginawcounty.com

Fax: (989)797-4509

SCACC Animal Bite Report

Date of Report: _____

Date of Bite incident: _____

Location where Bite occurred:

(Address) (City/Township/Village) (County) (State/Zip)

Owner of animal: _____ Phone: _____

Address: _____ City/Zip: _____

Dog: _____ Cat: _____ Other: _____ Is animal up to date on vaccinations? _____

Description of animal: _____
(Breed) (Sex) (Color)

Bite victim: _____ Sex: _____ Date of birth: _____

Parent/guardian's name (if applicable): _____ Phone number: _____

Bite victim address: _____
(Address) (City) (State) (Zip)

Location of bite on body: _____ Right: _____ Left: _____

Date of last Tetanus shot: _____ Bite victim family physician: _____

Details of how bite occurred: _____

Contact Animal Care Center (989)797-4500 for more information

Health care provider

****Please fax this form to SCACC and Saginaw Health Department****

Saginaw County Animal Care and Control
Fax: (989)-797-4509

Saginaw Health Department
Fax: (989)758-3888