



**LIVINGSTON COUNTY SHERIFF'S OFFICE**

**Animal Control**

150 S. Highlander Way  
Howell, Michigan 48843  
(517) 546-2440 Fax: (517) 545-9627  
[www.livingstonsheriff.com](http://www.livingstonsheriff.com)  
email: [sheriff@livgov.com](mailto:sheriff@livgov.com)

OFFICE USE:

Date Reported: \_\_\_\_\_

Animal: Released Euthanized

Bite Report #: \_\_\_\_\_

Victim: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date Bitten: \_\_\_\_\_ Time: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

Address of victim: \_\_\_\_\_  
House # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Address bite occurred: \_\_\_\_\_  
House # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Type of bite/exposure: Puncture Laceration Location on body of injury: \_\_\_\_\_  
Scratch Wildlife Exposure Was bite provoked, unprovoked?: \_\_\_\_\_

Describe Circumstances of Incident: \_\_\_\_\_

Treatment: \_\_\_\_\_ Where Treated: \_\_\_\_\_

Animal Owner: \_\_\_\_\_ Phone/Type: \_\_\_\_\_

Address: \_\_\_\_\_  
House # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Animal Species: \_\_\_\_\_ Was the animal located/captured: Yes No  
Description of animal (color, size, name): \_\_\_\_\_

Date of last Rabies Vaccine: \_\_\_\_\_ Is vaccine up to date: Yes No

Veterinarian Name: \_\_\_\_\_ Dog License Number: \_\_\_\_\_

Conduct of Animal: Before Bite: \_\_\_\_\_ After Bite: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signing of this form and/or the submission of an animal to rabies quarantine does not constitute admission of liability for the bite.

- Animal must remain under observation and quarantine confinement until \_\_\_\_\_.
- It is your responsibility to quarantine the animal for 10 days following a bite to observe for rabies exposure symptoms. It must be viewed by an animal control officer or veterinarian after 10 day quarantine has expired.
- Quarantine method. (Officer to check one).  
The animal maybe be kept on owner's premises or confined to owner's home.  
The owner can have the animal quarantined at a veterinary clinic at the owner's expense.
- If you observe, during the 10 day rabies quarantine, that the animal is getting ill (upset stomach, paralysis, difficulty in swallowing, etc.) or that there is a change in the animals usual disposition (agitation or unusually quiet), or the animal dies, call the Health Department 517-546-9850 or after hours call 911.
- **DO NOT** kill the animal, dispose of it, or remove if from the property before the 10 day rabies quarantine is up without first discussing it with Animal Control.
- **Failure to follow Rabies Quarantine instructions is punishable by law. Fines and jail time may occur.**

If the animal was not current on rabies, after the expiration of the 10 day rabies quarantine period you must:

- Get a Rabies Vaccine at your vet clinic.
- Bring vaccine proof and your animal to Animal Shelter for viewing.
- You must purchase a Michigan Dog License at this time.

**MI state law requires ALL dogs in Michigan to have a rabies vaccine and to be licensed. See web site for License Fees.**

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

Animal Control Deputy or Veterinarian Signature \_\_\_\_\_

Date Inspected \_\_\_\_\_