		URISCIPTION FILL OUT THIS F		Site Report Foi	rm				
Date reported:	Date received:	Exposure Date:		ntion:					
Victim Informa	tion	DOD	G.	Di					
Name:		DOB:	Sex:	Phone:					
Address:									
Parent/Guardian	Phone:								
Address (if diffe									
Person/provider	Phone:								
Description of i	njury:								
Treatment provi	Treatment	date:							
Animal Information									
Circumstances:	K-9(LEO)	Sick/Inj. Playfu	ıl Provoked [Vicious Unprovo	ked Unk.				
Type of animal: Dog Cat Other: Owned Stray Wild									
Spay/neut.		Jnk. Estimated A		ex: Bite history:	∐Yes ∐ No				
Description of a		Bree		Color:					
Behavior at exp				r present: Yes	No				
Vaccination Status: Vaccinated-current Vaccinated-not current Unvaccinated Unknown License jurisdiction: License number:									
•			License numo	el.					
Owner Information Name:	HOII		DOB:	Sex: Phone:					
Address:				CDL#:					
Quarantine Info	rmation								
Surrender to the animal Your animal shall remanimal from the premanimal from the prema	NOTIFIED AND ORDI al control agency in your tain quarantined until rel ises, allow animal to con this order constitutes a arantine, notify your ani must be redeemed on the	ERED to keep the animal jurisdiction for a quarant eased by the quarantining tact persons other than the violation of State, Count mal control or law enforce release available date. It to contact animal control	ine period ofd g Animal Control Office he immediate family, or y, or City statutes. If the ment agency IMME f the release date falls	ort in a secure place at the locat ays, as required by State, Coun cer or designee. Do not remove r allow the animal to contact of the animal becomes ill, acts stra	ty, or City statutes. e the quarantined ther animals. angely, dies, or xt available date for				
I have read, und Date:	lerstand, and agre	e to these condition	ons:						
Quarantine date	: Releas	e date:	Available Dat	e: Destruction	on date:				
	ease of quaranting	e: Well Esc	caped Dead/o	destroyed Moved	Not located				
Quarantine rele			<u>r</u>	Fees paid Yes					
Testing Informa	ntion								
Date destroyed	or died:	Specimen date:	Sul	omitter:					
Results: Pos	. Neg. Inde	et. Date:	Victim In	formed By:					
Case Closure D	ate: O	fficer/Investigator	••						

Animal Control Contact Li	sting for T	Culare County		
Local jurisdictions				
Dinuba City	559-591-59	01.1	Fax: 550	9-591-5920
•				
Exeter City	559-592-5262		Fax: 559-592-3556	
Farmersville City	559-747-1243		Fax: 559-747-3963	
Lindsay City	559-562-2511		Fax: 559-562-7126	
Porterville City	559-562-5947		Fax: 559-562-9515	
PD Dispatch	559-782-7400			
Tulare City Animal Services	559-685-5047		Fax: 559-685-5059	
City of Tulare Dispatch for Pick- Up	559-687-2288		Fax to Animal Services	
Tulare County Animal Services	559-636-4050		Fax: 559-749-9815	
Visalia Animal Care Center (City	559-713-4957		Fax: 559-713-4809	
of Visalia Animal Svcs)	559-713-4700			
Woodlake City	559-564-3346		Fax: 559	9-564-5611
Weekend, after hours	559-564-3325			
Tulare County Public Health Depar	tment			
Health Officer – Karen Haught	559-624-8481		Fax: 559-687-6934	
_	After hours: 559-471-7092			
Communicable Disease Control	559-685-5720		Fax: 559-687-6938	
Public Health Laboratory	559-685-5750		Fax: 559-713-2881	
Visalia Health Care Center	559-623-0700		Fax: 559-740-4420	
Veterinary				
UC Davis Veterinary Medicine Tea	559-688	S-1731		
California Department of Public He	916-552-9740			
Section	Fax: 916-552-9725			
California Department of Fish and O	Game			
(For bears, cougars, possums, skunle				
Central Region 559-243-4005 ext. 151		24 – Hour Dispatch		916-445-0045
Office (4)-Fresno 559-243-4022	1			559-222-3761 ext. 131
Wildlife Rescue		Critter Creek		559-338-2415

Appendix – A Tulare County HHSA Animal Bite PolicyAnimal Bite Report Form / Animal Control Contact Listing Tulare County