SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
DIVISION OF EMERGENCY MEDICAL SERVICES

ANIMAL BITE REGISTRY

A Suffolk County “Animal Bite Registry” form must be completed every time EMS personnel respond to and/or treat a human victim of an animal bite. Please complete this form and mail it to the authorized parties within twenty-four (24) hours of the bite incident.

BITE VICTIM’S NAME: _____________________________________________________________

BITE VICTIM’S ADDRESS: _________________________________________________________

ADDRESS WHERE THE BITE OCCURRED:

______________________________________________________________________________

DATE AND TIME OF BITE: _________________________________________________________

POLICE ON SCENE: _______ YES _______ NO

POLICE DEPARTMENT: ____________________________________________________________

COMMENTS: ____________________________________________________________________

______________________________________________________________________________

AMBULANCE SERVICE NAME: _____________________________________________________

PCR # ________________________________________________________________________

PRINTED NAME OF PERSON COMPLETING REPORT: _________________________________

DATE OF REPORT: _______________________________________________________________

Please fax a copy of the Division of Public Health Bite Complaints form to: (631) 854-0346
(The Division of Public Health Bite Complaints form must be filled out with this form.)

DISTRIBUTION: WHITE: EMS Agency (stay’s with original PCR)
YELLOW: Suffolk County Police Department
PINK: Suffolk County Dept. of Health Services, Division of Public Health
GOLD: Town Animal Control Officer