



City of Center

Police Department



Dog Bite Report

Date _____ 20__ Time _____

Name _____ Address _____

Phone Number _____ Age ____ Sex ____ Part of Body Bitten _____

_____ Was Skin Broken? Yes ____ No ____

Nearest Relative _____ Relationship _____

Location Where Bite Occurred _____

Was Dog Loose? Yes ____ No ____ Location _____

Owner of Dog _____ Address _____ Phone _____

Breed of Dog _____ Color _____ Age ____ Sex ____

Was Dog Quarantined? Yes ____ No ____ By Whom? _____

Dog Rechecked by Officer _____ Recheck Date _____ 20__

Was Dog Rabid? Yes ____ No ____ Disposition of Dog _____

Was Victim Taken to Hospital? Yes ____ No ____ Where _____

By Whom? _____ Released ____ Confined ____

Call Received By Radio ____ Phone ____ On View ____ Citizen ____ Other ____

Additional Information:

Officer _____ DSN _____ Date _____ 20__ Time _____

103 S. Public • P.O. Box 241 • Center, MO 63436
Phone: (573) 267-3770 • Fax: (573) 267-3710