



Adam C Diss
Sheriff of LaSalle County

Animal Control

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Dr. Hoyt Rees D.V.M.

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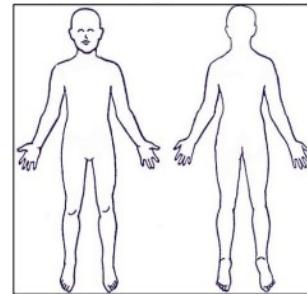
Treating Clinic:

Treating Physician:

Address:

Phone:

Date Bite Reported:



Circle Area of Injury

Comments: (use back or bottom of page if needed)

Date bite occurred:

Reporting Agency:

Name of Officer or individual filling out report:

Address where bite occurred:

Name of Patient:

DOB:

Sex:

Address:

City:

State:

Zip Code:

Phone:

Secondary Phone:

Name of Parent/Guardian (if under 18):

Address:

City:

State:

Zip Code:

Phone:

Secondary Phone:

Owner of Animal:

DOB:

Address:

City:

State:

Zip Code:

Phone:

Secondary Phone:

Type of Animal: Dog Cat Other Breed Name:

Rabies Vaccination: Yes No Unknown Date Vaccinated:

1-year 3-year Tag #:

Clinic where vaccinated:

Phone: Address:

State:

Zip Code:

Quarantine Location:

Comments: