



QUARANTINE ORDER

Kalamazoo County Animal Services & Enforcement
 2500 Lake Street
 Kalamazoo, MI 49048
 Phone: 269.383.8775 / Fax: 269.383.8713
 www.kalcounty.com/ac

Report No.:
Intake ID:
Police Agency:
Agency Report No:
Release Date:

Date/Time Reported:

Reported By:

This PDF form can be used to report animal bites, bat exposures and cat scratches. This form can be filled out by hand, typed, or on any computer with Adobe PDF Reader installed. Complete as much of the form as known. Please fax completed forms to Animal Services at 383-8713 within 24 hours of becoming aware of the incident as required by State Law. Please call Animal Services with any questions.

VICTIM INFORMATION

Name:
Person ID:
DOB:
Gender:
Parent/Guardian:

Street Address:
City/State/Zip:
Township:
Phone No. 1:
Phone No. 2:

INJURY INFORMATION

Date of Injury:
Describe wound/location:

Hospital/Doctor/Treatment:
Circumstances:

ANIMAL INFORMATION USE CAUTION UNKNOWN/PATROL DECEASED/KILLED VICTIM CANNOT IDENTIFY

Name:
Animal ID:
Species/Breed:
Sex/Neuter:
Veterinarian:
License No.:

Coat Type/Color:
Eye Color:
Ear Style:
Tail Style:
DOB/Age:
Rabies Date: 1yr 2yr 3yr

ANIMAL OWNER/GUARDIAN INFORMATION VICTIM UNKNOWN USE CAUTION

Name:
Person ID:
DOB:
Gender:
DL/State ID No:

Street Address:
City/State/Zip:
Township:
Phone No. 1:
Phone No. 2: