CAS									
	SE N	NO:	-		TO:			DISTRICT	
			<u> </u>		BITTEN				
NO		1. NAME (LAST AND FIRST)			2. AGE 3. ADDRESS (STEET AND NO.)			CITY	
PERSON	BITTEN	4. PHONE NO. OF VICTIM	5. REPORTED BY	<u>Į</u>	6. PHONE NO	. OF REPORTED	7. DISTRIC	CT	
	₽	8. DATE AND HOUR BITTEN 9. ADRESS (STREET AND NO.)			10. BODY LOCATION, EXTENT AND TYPE OF INJURY				
	INJURY	11. HOW BITE OCCURRED PROVOKED VICIOUS PLAYFUL SICK UNKNOWN OTHER:							
		- INOVORED _ VICIOUS _ FEATIOL _ SICK _ DINKNOWN _ DITTER.							
TREATMENT	JND	12. DATE EXAMINED 13. BY WHOM 16. WAS TREATMENT RECOMMENDED:			14. PHONE NO. 15. PATIENT CONTACTED REGARDING TREATMENT DATEINITIAL WAS IT CARRIED OUT?				
	OF WOUND								
		17 ANTI-RABIES TREATMENT 18. RECOMMENDED BY (DHO OR PHY.			19. PHONE N	-	YES	NO 21. REFERRED TO	
ANTI-RABIES	MENT								
	TREATMENT	22. NO. OF DOSES GIVEN 23. GIVEN BY (DHO C		BY (DHO OR PHYS.)	24. PHONE N	24. PHONE NO.		25. PATIENT REFUSES ANTI RABIES TREATMENT	
_	_	26. DATE & HOUR RECEIVED 27. RECEIVED BY			28. DATE & H	OUR ASSIGNED	29. ASSIG	29. ASSIGNED TO	
	MISC.	30. REMARKS							
	2								
				ANI	MAL		31. POU	ND NO	
	TION	33. ADDRESS (STREET AND NO.) CITY							
	A	35. TYPE OF ANIMAL							
	잂	34. PHONE NO.		2. CAT 🗆 3	3. OTHER	SPECIFY	36. DISTIC	CT	
		34. PHONE NO. 37. DESCRIPTION OF ANIMAL		2. CAT 🗆 3	3. OTHER		36. DISTIC	СТ	
	ENT			2. CAT 🗆 3	3. OTHER			CT .	
	IDENT	37. DESCRIPTION OF ANIMAL	1. DOG	2. CAT 2. STATE	3. OTHER	38. WAS DO		CT	
	IDENT	37. DESCRIPTION OF ANIMAL 39. DATE VACCINATED 42. DATE & HOUR QUARANTINE CARD 45. I have received the quarantine	1. DOG 40. VACCINE POSTED notice and	43. INVESTIGATOR	3. OTHER NATURE OF OWNER OR C	38. WAS DO 41. VETERINARIAN 44. CONDIT	OG VACCINATED ?	47. DATE & HOUR	
	IDENT	 37. DESCRIPTION OF ANIMAL 39. DATE VACCINATED 42. DATE & HOUR QUARANTINE CARD 45. I have received the quarantine understand the quarantine reg 48. DATES OF REVISITS AND CONDITIO 	1. DOG 40. VACCINE POSTED a notice and gulations. NO OF ANIMAL	43. INVESTIGATOR 46. SIG	NATURE OF OWNER OR C	38. WAS DO 41. VETERINARIAN 44. CONDIT	OG VACCINATED ?		
	E IDENT	37. DESCRIPTION OF ANIMAL 39. DATE VACCINATED 42. DATE & HOUR QUARANTINE CARD 45. I have received the quarantine understand the quarantine reg 48. DATES OF REVISIITS AND CONDITIO OK O	40. VACCINE POSTED notice and gulations.	43. INVESTIGATOR	NATURE OF OWNER OR C	38. WAS DO 41. VETERINARIAN 44. CONDIT	OG VACCINATED ?		
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	QUARANTINE IDENT	37. DESCRIPTION OF ANIMAL 39. DATE VACCINATED 42. DATE & HOUR QUARANTINE CARD 45. I have received the quarantine understand the quarantine reg 48. DATES OF REVISITS AND CONDITIO OK NOT SEEN	1. DOG 40. VACCINE POSTED a notice and gulations. NO OF ANIMAL	43. INVESTIGATOR 46. SIG	NATURE OF OWNER OR C	38. WAS DO 41. VETERINARIAN 44. CONDIT	OG VACCINATED ?		CASE NO.
	QUARANTINE IDENT	37. DESCRIPTION OF ANIMAL 39. DATE VACCINATED 42. DATE & HOUR QUARANTINE CARD 45. I have received the quarantine understand the quarantine reg 48. DATES OF REVISITS AND CONDITIO OK NOT SEEN	1. DOG 40. VACCINE POSTED a notice and gulations. NO OF ANIMAL	43. INVESTIGATOR 46. SIG	NATURE OF OWNER OR C	38. WAS DO 41. VETERINARIAN 44. CONDIT	OG VACCINATED ?		NO.
	REMARKS QUARANTINE IDENT	37. DESCRIPTION OF ANIMAL 39. DATE VACCINATED 42. DATE & HOUR QUARANTINE CARD 45. I have received the quarantine understand the quarantine reg 48. DATES OF REVISITS AND CONDITIO OK NOT SEEN	1. DOG 40. VACCINE POSTED a notice and gulations. NO OF ANIMAL	43. INVESTIGATOR 46. SIG	NATURE OF OWNER OR C	38. WAS DO 41. VETERINARIAN 44. CONDIT	OG VACCINATED ?		NO.
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	LAB REMARKS QUARANTINE IDENT	37. DESCRIPTION OF ANIMAL 39. DATE VACCINATED 42. DATE & HOUR QUARANTINE CARD 45. I have received the quarantine understand the quarantine reg 48. DATES OF REVISITS AND CONDITIO OK O NOT SEEN 49. 50. LABORATORY REPORT NONE POS. N 53 I certify that this animal has been underdays, and there are no clinical signs or signs.	1. DOG 40. VACCINE POSTED Inotice and gulations. IN OF ANIMAL DK 51. DATE NEG.	43. INVESTIGATOR 46. SIG OK 54. SIG	NATURE OF OWNER OR CO OK 52. LABORAT ZCHD NATURE OF OFFICER	38. WAS DO 41. VETERINARIAN 44. CONDIT JSTODIAN ORY	OG VACCINATED ? FION OF ANIMAL OK OTHER (SPECIFY) 55. DATE	47. DATE & HOUR	NO.
	LAB REMARKS QUARANTINE IDENT	37. DESCRIPTION OF ANIMAL 39. DATE VACCINATED 42. DATE & HOUR QUARANTINE CARD 45. I have received the quarantine understand the quarantine reg 48. DATES OF REVISIITS AND CONDITIO OK O NOT SEEN 49. 50. LABORATORY REPORT NONE POS. N 53 I certify that this animal has been unde days, and there are no clinical signs or s 56. DISPOSITION	DI 1. DOG 40. VACCINE POSTED Inotice and gulations. DI OF ANIMAL DIK 51. DATE NEG. Ir my observation for fourteer symptoms of any disease.	43. INVESTIGATOR 46. SIG OK 54. SIG	NATURE OF OWNER OR CO OK 52. LABORAT ZCHD	38. WAS DO 41. VETERINARIAN 44. CONDIT JSTODIAN ORY	OG VACCINATED ? FION OF ANIMAL OK OTHER (SPECIFY) 55. DATE	47. DATE & HOUR	CASE NO. PERSON BITTEN (LAST NAME