



City of Aurora
Animal Care Division
 15750 East 32nd Avenue
 Aurora, Colorado 80011-1518
 303-326-8288
 www.auroragov.org

BITE INVESTIGATION

Investigated by: ALCO SCHWARZ Reported by: Victim Today's Date: 6/7/04
 Activity #: A04-4503 Connecting #: _____ Summons #: K44598 Date of Bite: 5/31/04
 Location of Occurrence: 19800 BDK OF E. HARVARD AVE. Court Hold: Yes No Court Date: 7/7/04 (Arraignment)

VICTIM INFORMATION

Victim Name: _____ D.O.B.: _____ Home Phone: _____
 Address: _____ Cell Work Phone: _____
 City: Aurora State: CO Zip Code: _____ County: ARAPAHOE
 Location of Bite on Victim: Right leg - upper thigh Extent of Bite: 1 puncture (deep)
 Circumstances: arrived at (S) address to do repair work - dog ran out opened front door
 Physician: Centur Health Address: Broadway Littleton, CO Phone: and bill

OWNER INFORMATION

Owner Name: _____ D.O.B.: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City: Aurora State: CO Zip Code: 80013 County: ARAPAHOE

ANIMAL INFORMATION

Animal's Name: Jimmy James Breed: Jack Russell Size: adult
 Sex: M Age: 3yo Color & Markings: white w/ brown Microchip #: _____
 City License Tag #: _____ Date Issued: _____ Expiration Date: _____
 Rabies Tag #: EXPIRED Vaccination Date: _____ Expiration Date: _____
 Veterinarian: SEVEN HILLS VETERINARY CTR Phone: 303-699-1600
 Place of Observation: Home Start Date: 5/31/04 Release Date: 6/10/04

RABIES OBSERVATION - CONFINEMENT RESPONSIBILITIES

In accordance with State Statute (25-40-604 C.R.S. 1973 as amended); The animal, if a domestic dog or cat, must be confined inside a secure building where no contact with animals or persons outside the family can occur for a (10) day period. Length of impoundment varies for other species of animals. The animal must not be let out to relieve itself without being on a leash held by a person capable of restraint. If the residence is not a secure facility, the animal may be observed at the Aurora Animal Shelter or a veterinary facility approved by the investigating Animal Care Officer. Do not vaccinate the animal during the 10 day confinement period. Notify the Animal Care Division if, at any time during the confinement period:

- 1) Your pet is missing and cannot be located.
- 2) Your pet dies or is accidentally killed.
- 3) Your pet becomes sick, or shows unusual or erratic behavior.

2041

I have read and understand the above requirements and further understand that any violation of these requirements may result in the impoundment of the animal described above and that I will be responsible for any fees and/or costs incurred for the duration of the rabies observation period.

Owner's Signature: _____ Date: 6/7/04
 Officer's Signature: [Signature] Date: 6/7/04

ACF reviewed incident reports from Aurora Colorado dating 2003 – 2005 and found less than 1.9% of severe injuries from canines were attributed to what Aurora identified as a Pit Bull. The other 98.1% involved other breeds ranging in size from a Jack Russell Terrier to a Saint Bernard.