Basset Hound Rescue League, Inc.(BHRL)
P. O. Box 44201
Fort Washington, MD 20749
Phone- 301-292-3020 /Fax- 301-292-1555 /Email- bhrl@bassethoundrescueleague.net

Bite Disclosure Form

Date of bite: _____
Who was bitten?: _____ Age:_____
What part of the body was bitten? _____
Was medical attention required?(If yes, attach copies of reports)
_____
Was bite reported to the authorities? _____
If yes, what authorities? (Attach copies of any official reports)
_____

Please explain in full detail the circumstances of the biting incident:

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I hereby acknowledge that I have read and understand the above terms and conditions, and that all information provided herein is complete and correct.

Name (print): _____
Address: _____
City/State/ZIP: _____
Signature: _____