BALTIMORE CITY HEALTH DEPARTMENT
FIELD HEALTH SERVICES

211 E.25TH Street
Baltimore, Maryland 21218

ANIMAL BITE REPORT

HOSPITAL/ MEDICAL FACILITY BITE REPORT

Date: 3/5/26

Facility/Physician Philip Sacks Date of Bite: 3/5/26

Where did bite occur? (Location): Home

Type Animal: Dog english Bull Dog

Victim Information:

Name: Nicholas Rivera JR Sex: M or F DOB: 12/09/2014

Parent or Guardian (if victim is minor): Jade Hayes Relationship: Mom

Address: 2050 Whistler ave Phone – Home: 6672271829 Work: _____

Body Part(s) Bitten: Cheek Admitted? Y or N PEP Started? Y or N

Treatment Center: _____ Treating Medical Person: _____

Police Contacted? [ ] Yes [ ] No Police Report #: _____

Describe how the bite occurred: Nick was sleeping on a dog bit him while sleeping.

FAX TO 410-396-7332

RIVERA,NICHOLAS JR
MR# SA01430862
M 12/09/2014 AGE:11
SA0040296527 D.O.S: 03/04/26