

# REPORT OF K-9 MEDICAL TREATMENT

SPECIAL FUNCTIONS DIVISION/CHICAGO POLICE DEPARTMENT

COMPLETION OF THIS FORM WILL BE DONE WHEN AN INJURY, ILLNESS OR DEPARTMENT DOG BITE OCCURS AND MEDICAL TREATMENT IS NEEDED FOR A DEPARTMENT CANINE. CANINE HANDLERS MAY UTILIZE ANY DEPARTMENT DESIGNATED VETERINARIAN FOR TREATMENT. IF FOLLOW UP TREATMENT IS NEEDED, IT MUST BE DONE WITH THE CANINE'S PRIMARY VETERINARIAN. CANINE HANDLERS WILL NOTIFY THEIR IMMEDIATE SUPERVISOR AND THE CANINE TRAINING SUPERVISOR OF THE REASON FOR MEDICAL TREATMENT.

SECTION A		CANINE OFFICER	
OFFICER'S NAME	STAR NO.	K-9'S NAME	VETERINARIAN TREATMENT IS FOR INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> DOG BITE <input type="checkbox"/>

REASON FOR VETERINARIAN SERVICES/SYMPTOMS

IN THE EVENT OF A DEPARTMENT INVOLVED DOG BITE INCLUDE:	R.D. NO.	EVENT NO.	DOG BITE NO.
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## SECTION B VETERINARIAN TREATMENT

DATE OF TREATMENT	TIME	NAME OF VETERINARIAN FACILITY
		NAME OF TREATING VETERINARIAN

VETERINARIAN DIAGNOSIS/TREATMENT

IS FOLLOW-UP TREATMENT NEEDED WITH PRIMARY PHYSICIAN? YES <input type="checkbox"/> NO <input type="checkbox"/>	IS K-9 TO BE PLACED ON A LIMITED WORK STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>
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EXPLANATION OF LIMITED DUTIES FOR K-9

K-9 SUPERVISOR NOTIFIED (NAME)	DATE	TIME
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