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| 飼い犬咬傷届出書  年　　月　　日  　吹田市保健所長　宛    住　　所  氏　　名  電話番号  私の所有する（管理する）飼い犬が人をかんだので、大阪府動物の愛護及び管理に関する条例第４条第３項の規定により、次のとおり届出をします。   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 飼い犬 | 所有者 | 住所 |  | | | | | | | 氏名 |  | | 電話番号 | | |  | | 飼養場所 | |  | | | | | | | 種類 | |  | 生年月日 | | | 年　　月　　日生 | | | 毛色 | |  | 性別 | | |  | | | 名 | |  | 体格 | | |  | | | 狂犬病予防法に  よる登録番号 | | 第　　　　　　　号 | 狂犬病予防法によ  る注射済票番号 | | | 第　　　　　　　号 | | | 登録年月日 | | 年　　月　　日 | 最終注射年月日 | | | 年　　月　　日 | | | 咬傷事故 | 発生日時 | | 月　　日　　時 | 傷部位等 | | |  | | | 発生場所 | |  | | | | | | | 発生時の  係留の有無 | |  | 過去の事故  発生の有無等 | | |  | | | 発生状況 | |  | | | | | | | 被害者 | 住所 | |  | | | 電話番号 |  | | | 氏名 | |  | | | 年齢 |  | | | 職業 | |  | | | | | | | 備考 | | |  | | | | | | |