

WOOD COUNTY
HEALTH
DISTRICT
Environmental Health Division

Persons Required to Report: Whenever a person is bitten, scratched or otherwise exposed by an animal capable of transmitting rabies, the physician in attendance, person in charge of a hospital, dispensary, clinic, or other institution providing care or treatment, person bitten, or any individual having knowledge of a bite shall report the bite with in twenty-four (24) hours to the health commissioner.

PLEASE PRINT

FAX OR CALL WITHIN 24 WORKING HOURS TO THE ADDRESS ON THIS FORM.

Reported By: _____ Date of Bite: _____

Patient Name: _____ Street Address: _____ Age: _____

Phone: _____ City/State: _____ Zip: _____

Wound Location: _____ Physician: _____

Where did incident occur? _____

Fill out the following if patient is a Minor (if address and phone are the same as patient write SAME under Street Address)

Parent/Guardian: _____ Street Address: _____

Phone: _____ City/State: _____ Zip: _____

TO PROPERLY FOLLOW UP ON ANIMAL BITES, THE FOLLOWING INFORMATION MUST BE COMPLETED:

Owner of Animal: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

Name of Animal: _____ Where is animal currently held? _____

Animal Type: Dog Cat Ferret Other (Be specific if other) _____

Description of Animal: Breed _____ Color _____ Size _____ Hair length _____

Mixed Breed: Yes No Animal Sex: Male Female

Has animal been vaccinated for rabies? Yes No Has animal been sterilized? Yes No

Veterinarian: _____ Rabies Tag Number: _____

Veterinarian's Address: _____ Veterinarian's Phone: _____

Circumstances: _____

**PROMPTLY FORWARD THIS INFORMATION TO THE
HEALTH DEPARTMENT AS SOON AS POSSIBLE!**

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