



### Animal Bite Reporting Form

**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 24 working hours to the health department.

\*PLEASE PRINT\*

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!**

**Fax:** 419-353-7201 or **Call:** 419-354-2702