Wood County Health Department
Environmental Health

1840 E. Gypsy Lane Road
Bowling Green, OH 43402
419-354-2702
WoodCountyHealth.org

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 within twenty-four (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 Wood County Health Department as soon as possible!
Fax: 419-792-7734
Email: wchdenviron@woodcountyohio.gov