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 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