



Animal Bite Investigation Form

Ohio Law (OAC 3701-3-28) requires all dog, cat or mammal bites be reported to the health district in which the bite occurred. The report shall be made by the person bitten, a health care provider, or a veterinarian with knowledge of the bite. Please complete as much information as possible and fax completed form to (740) 962-3271.

Reporting Information

Incident Reported By: _____ Phone Number: _____
Incident Report Date: _____

Victim Information

Name: _____ Date of Birth: _____ Sex: M F
Address: _____
Phone Number: _____
Emergency Contact/Guardian (if under 18): _____ Phone: _____

Exposure Information

Exposure Date: _____
Exposure Type: Bite Scratch Other (explain) _____
Body Site of Exposure: _____ Medical Attention Sought: Yes No
Post-exposure Prophylaxis Initiated: Yes No If Yes, Where: _____

Animal Information

Animal Species: _____ Animal Breed: _____
Animal Name: _____ Animal Color: _____
At time of exposure, animal was: At home/with owner Stray Wild
At time of exposure, was animal provoked: Yes No
Name of Owner: _____
Address of Owner: _____
Veterinarian: _____
Is Animal Current on Rabies Vaccinations at Time of Exposure: Yes No Unknown
Prior History of Biting: Yes No Unknown
Is the Animal Quarantined: Yes No If Yes, Where: _____

Health Department Use Only

Date Form Received: _____
Animal Quarantined: Yes No If Yes, Date Quarantine Began: _____
Specimen Sent for Analysis: Yes No If Yes, Date Sent For Analysis: _____