



ASHTABULA COUNTY HEALTH DEPARTMENT
12 WEST JEFFERSON STREET
JEFFERSON, OHIO 44047
(440) 576-6010 or FAX (440) 576-5527

\*\* ANIMAL BITE REPORT FORM \*\*

\*\*This form is to be completed in its entirety by reporting agency and faxed or called to the Ashtabula County Health Department AS SOON AS POSSIBLE\*\* (Per Section 3701-3-28 of the Ohio Administrative Code.)

\*Circumstances of Bite:

Location Address Where Bite Occurred

How Did Bite Occur?

Township/Village or City Where Bite Occurred

Date of Bite or Scratch Date of Report

Reported By

\*Victim of the bite/scratch:

Person Bitten Age

Mailing Address

Phone (Home) Phone (Work or Cell)

Parent/Guardian if minor

Parents Address (if different than above)

Location/Severity of Bite-Scratch (Part of Body)

Treated By Physicians Name

Post Bite-Exposure Treatment Started?? No Yes By (Hosp/Physician)

\*Type of animal:

Pet or Wild (what type of wild animal)

Description of Animal (Species, Name, Age, Breed, Sex, Color)

Spayed/Neutered??

Place of Confinement of Animal (Location)

\*Pet Owner Information:

Owner of Animal Phone

Mailing Address

Rabies Vaccination Prior to bite/scratch? No Yes By :(Veterinarians Name)