



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 \_\_\_\_\_

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**\*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) \_\_\_\_\_

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**\*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) \_\_\_\_\_

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**\*Pet Owner Information:**

Owner of Animal \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

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