

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

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

Person Bitten _____ Age _____

Address (and/or location) _____

Parent/Guardian(if minor) _____ Phone: _____

Parents Address (if different than above) _____

Date of Bite/Scratch _____ Date of Report _____

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

Treated By _____ Physicians Name _____

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

Description of Animal(Color, Breed, Species, Name, etc.) _____

Place of Confinement of Animal _____

Owner of Animal _____ Phone _____

Address(and/or location) _____

Rabies Vaccination? No _____ Yes _____ By: (Veterinarians Name) _____

Reported By _____

Biting Circumstances (Where? and How? It happened) _____

**** THIS FORM IS TO BE COMPLETED IN ENTIRETY BY REPORTING AGENCY
AND FAXED OR CALLED TO THE ASHTABULA COUNTY HEALTH
DEPARTMENT AS SOON AS POSSIBLE. ****