

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 3701-3-04 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) _____