



# Darke County General Health District

Jordan Francis, MPH, Health Commissioner

Contributing to a Stronger, Healthier Community

## Animal Bite Report

This part to be filled out by medical personnel

Failure to complete this part will result in this form being sent back to the medical facility for completion and violation of reporting requirements

**Victim:** (Person Bitten)

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of bite/Exposure: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

Type of Exposure:    Bite    Scratch    Body Part bitten/scratched: \_\_\_\_\_

Post-Exposure Prophylaxis (initiated rabies vaccine):    Y    N

Were other people exposed:    Y    N    (complete separate form for each person)

Medical facility where treatment was completed: \_\_\_\_\_

This part to be filled out by This part to be filled out by victim or Parent/Guardian

Complete as much information as known. This information is important in order to be able to send the appropriate quarantine notice.

**Animal owner:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Address where bite occurred: \_\_\_\_\_

**Animal:** Owned?    Y    N    Species: \_\_\_\_\_ (feline, canine, livestock, rodent, wild)

Animal's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Mixed? Y    N

Male / Female    Age: \_\_\_\_\_ Color: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Animal confined at: \_\_\_\_\_

Animal died?    Y    N    Euthanized?    Y    N    Date sent to lab: \_\_\_\_\_ Positive/Negative

Was there exposure to other animals?    Y    N

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