



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 competition 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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