

Animal Bite and Exposure Report

All animal bite and exposure incidents (dog or other non-human mammal) must be reported within 24 hours, per Ohio Administrative Code (OAC) 3701-3-28.

Please fax this completed form to (419)774-0845.

Date of Bite:	Date Received:
Reported By:	

Victim Information

Name of Person Bitten:		Date of Birth:	
Name of Parent if Minor:		Phone #:	
Address:		Alternative Phone #:	
City:	State:	Zip Code:	
Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other If other, please describe:		Location of Exposure: <input type="checkbox"/> Head <input type="checkbox"/> Extremities <input type="checkbox"/> Other If other, please describe:	
Medical Treatment by:		Phone:	
Reported by: <input type="checkbox"/> Hospital <input type="checkbox"/> Police Dept. <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other		Phone:	

Animal information

Animal Owner's Name:		Phone #:	
Address:		Alternative Phone #:	
City:	State:	Zip Code:	
Animal Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		Animal Breed:	Type of Animal: <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild
Animal Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Animal Color & Description:	
Rabies Vaccination Tag #:	Date of Vaccine:	Type of Vaccine: <input type="checkbox"/> 1-Year <input type="checkbox"/> 3-Year	
Name of Veterinary Clinic Where Vaccine was Given:		Phone:	
Location of Animal Quarantine:		Address Where Bite Occurred:	
Further Comments, Details or Special Information:			