

WARREN COUNTY COMBINED HEALTH DISTRICT

416 South East Street Lebanon, Ohio 45036

Phone: 513-695-1220 Fax: 513-695-2941

ANIMAL BITE INVESTIGATION REPORT

Date of Report: _____

Report Given By: _____

Date of Bite: _____

Phone #: _____

*******ANIMAL BITE VICTIM*******

Name: _____ Age: _____

Full Address: _____

Street

City

Township

State

Zip

Phone: _____

Email: _____

Head of Household: _____

*******ANIMAL OWNER*******

Name: _____ Age: _____

Full Address: _____

Street

City

Township

State

Zip

Phone: _____

Email: _____

Description of animal: _____

(Include Color, Breed, M/F, Age)

Name of animal: _____

Name of Veterinarian: _____ Phone: _____

Animal quarantine location: Home ___ Animal Shelter ___

Action taken after quarantine? _____ Quarantine paid to shelter? Yes ___ No ___

*******QUESTIONS INVOLVING BITE INCIDENT*******

Questions Involving Bite Incident

1. Location of bite on body? _____

2. Nature of wound? Puncture ___ Tears ___ Scratches ___ Lacerations ___

3. Rabies post exposure treatment started? Yes ___ No ___

4. Where was the treatment provided? _____

5. Circumstances of bite? _____