

ANIMAL BITE REPORT



FORWARD TO:

Paulding County Health Department
800 E. Perry St.
Paulding, Ohio 45879
PH: (419) 399-3921 FAX: (419) 399-3494

Note: Please complete as much of this form as possible.

Reported by: _____

Patient's Name: _____ Age: _____

If minor, parents' name: _____

Patient's Street Address: _____ City: _____ Zip: _____

Patient's Phone Number: _____ Treated at: _____

Date of Bite: _____ Attending Physician: _____

Site of bite (hand, arm, etc.) and severity: _____

Address where bite occurred: _____

Biting animal Species: _____ Breed: _____ Color: _____

Sex: _____ Age: _____ Size: _____

Animal's Owner's Name: _____

Street Address: _____ City: _____ Zip: _____

Phone Number: _____

Circumstances preceding bite: _____

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(FOR HEALTH DEPARTMENT USE ONLY)

Animal's Name: _____ Co. Reg. # _____

Animal vaccinated yes no Date: _____ # _____

By: _____

Place and method of quarantine: _____

Quarantine order issued by: _____

Investigation(s) by: _____

Remarks: _____