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Animal Bite Reporting Form

**PLEASE MAIL, FAX OR E-MAIL
 THIS REPORT WITHIN 24 HOURS
 (Please complete as much information as possible)**

Ohio Administrative Code 3701-3-28 states: "Whenever an individual is bitten by a dog or other mammal, report of such bite shall be made within twenty-four hours to the health commissioner of the district in which such bite occurred. The report herein required shall be made by any health care provider, or by any licensed doctor of veterinary medicine with knowledge of the bite, or by the individual bitten."

VICTIM (PERSON INJURED) INFORMATION (May be protected health information per Ohio Revised Code 3701.17)

Victim Name:		Date of Exposure/Bite:	
Victim Address w/Zip:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Parent/Guardian Name (if Victim is a Minor):		Relationship to Victim:	
Parent/Guardian Address (if Different from Victim):		Home Phone # _____ Cell Phone # _____ Work Phone # _____ <input type="checkbox"/> Victim <input type="checkbox"/> Parent/Guardian	

TREATMENT INFORMATION (May be protected health information per Ohio Revised Code 3701.17)

Date Reported:	Reported by (Name of Clinic/Hospital/Law Enforcement Agency, etc):	Contact Phone #:
Medical Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Provided by (Physician's Name):	Date of Treatment:
Type of Injury: <input type="checkbox"/> Bite <input type="checkbox"/> Other Exposure	Location of injury(ies) on Body:	
Was Skin Broken?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rabies Post-Exposure Treatment Started: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: <input type="checkbox"/> Puncture <input type="checkbox"/> Scratch <input type="checkbox"/> Abrasion <input type="checkbox"/> Laceration		

ANIMAL/OWNER INFORMATION

Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Skunk <input type="checkbox"/> Other: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown Dog License No. _____	Description of Animal: Breed _____ Size _____ Color _____ Markings _____ Name _____	Animal Owner Name Check if Stray <input type="checkbox"/>
			Animal Owner Address: <input type="checkbox"/> Check if Unknown
			Animal Owner Phone #: Home _____ Cell _____ Work _____

Address where Bite/Exposure occurred (if different from Animal Owner Address):

Is Animal's Rabies Vaccination Current? Yes (please complete below) No Unknown

Veterinarian:	Expiration Date:
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Disposition of Animal:

Ordered 10 day quarantine (please select location) HOME OTHER _____
 Stray Humanely Euthanized Died

Space below used for Clark County Combined Health District

<input type="checkbox"/> Animal Observed/Satisfactory	Date:	Inspector:
<input type="checkbox"/> Animal has been released from Quarantine	Date:	
Comments:		

