



Pike County General Health District

Environmental Health Division

116 S. Market Street

Waverly, Ohio 45690

Phone 740-947-7721 Fax 740-947-1109 rwilliams@pike-health.org

Public Health
Prevent. Promote. Protect.

Pike County General
Health District

**PLEASE FAX THIS REPORT WITHIN 24 HOURS TO:
FAX (740) 947-1109**

ANIMAL BITE INTAKE REPORT

Ohio Administrative Code 3701-3-38 states: "Whenever a person is bitten by a dog or other mammal, report of such bite shall be made within 24 hours to the health commissioner of the district in which such bite occurred."

TO BE COMPLETED BY THE TREATING FACILITY

FACILITY NAME: _____		PHYSICIAN: _____	
ADDRESS: _____	CITY: _____	ZIP CODE: _____	
PHONE#: _____	RABIES POST EXPOSURE TREATMENT STARTED?		NO YES

Please complete as much information as possible.

VICTIM (PERSON INJURED)

DATE OF INJURY: ____/____/____

VICTIM'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: (HOME) _____ (WORK) _____ (CELL) _____

SEX: MALE FEMALE AGE: _____ TYPE OF INJURY: BITE SCRATCH BRUISE OTHER

LOCATION OF INJURY (IES) ON BODY: _____

WAS THE VICTIM INJURED... ON THE ANIMAL OWNER'S PROPERTY O R OFF THE ANIMAL OWNER'S PROPERTY

PARENT/GUARDIAN (if under 18): _____

ADDRESS (if different than victim): _____ PHONE#: _____

ANIMAL

ANIMAL TYPE: DOG CAT FERRET BAT RACCOON SKUNK OTHER _____

ANIMAL COLOR: _____ BREED: _____ ANIMAL NAME: _____

WHERE IS THE ANIMAL NOW? _____ STRAY ANIMAL? YES NO

DO YOU BELIEVE THE ANIMAL IS VACCINATED FOR RABIES? YES NO

RABIES TAG # (if known) _____ VETERINARIAN/CLINIC: _____

OWNER or LOCATION OF ANIMAL

If the animal owner is not known, please indicate in the address section where the injury occurred (i.e. street or nearest intersection)

OWNER'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: (HOME) _____ (WORK) _____ (CELL) _____