



# Holmes County General Health District

HOLMES COUNTY GENERAL  
HEALTH DISTRICT  
PO BOX 272  
MILLERSBURG, OH 44654  
330-674-8422

## Animal Bite Report

### Victim Information

Date of bite: \_\_\_\_\_ Time: \_\_\_\_\_ Location where bite occurred: \_\_\_\_\_  
(Village/Township)  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Was bite provoked?  Yes  No  Not known  
Medical Treatment?  Yes  No Physician \_\_\_\_\_ Date: \_\_\_\_\_  
Briefly describe bite injury and treatment: \_\_\_\_\_  
\_\_\_\_\_

### Biting Animal Information

Species:  Dog  Cat  Other domestic/pet animal \_\_\_\_\_  
 Wild animal (specify) \_\_\_\_\_  
Description: Breed \_\_\_\_\_ Sex \_\_\_\_\_ Ht \_\_\_\_\_ Approx. Wt \_\_\_\_\_  
Color/Markings \_\_\_\_\_  
Name \_\_\_\_\_ License Tag # \_\_\_\_\_  
Rabies vaccination current?  Yes  No  Unknown  
Owner: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Reported by: \_\_\_\_\_ Contact phone number: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Department Investigation/Action

Bite report # \_\_\_\_\_ - \_\_\_\_\_ Date received: \_\_\_\_\_ By: \_\_\_\_\_  
Animal owner statement:

Rabies vaccination verified?  Yes  No Date \_\_\_\_\_ Veterinarian \_\_\_\_\_

Dog license verified  Yes  No Number \_\_\_\_\_

Quarantine Order Issued?  Yes  No Date \_\_\_\_\_ @  Kennel  Co. Pound  Home

Head submitted to Lab?  Yes  No Date \_\_\_\_\_ Result:  Positive  Negative

Follow Up Notes:

Quarantine released: \_\_\_\_\_  
01/08/02

\_\_\_\_\_  
E.H. Specialist Signature