



P.O. Box 272
Millersburg, OH 44654
330-674-5035
info@holmeshealth.org

holmescountydogwarden@gmail.com

Dog Bite Incident Form

Victim Information

Date of Bite: _____ Time: _____

Name: _____ Age: _____ Sex: _____

Parent/Guardian: _____ Location Bitten: _____

Address: _____

Was bite provoked? _____

Biting Animal Information

Species: Dog? ☐ Cat? ☐ Other Pet? _____ Wild Animal? _____

Name: _____

Breed: _____

Sex: _____

Color(s): _____

Identifying Markings? _____

Rabies Vaccination Current? _____

Date? _____

Owner Information

Name: _____

Address: _____

Phone Number: _____

Form Submitted By: _____

Phone Number: _____ Organization: _____