

Highland County General Health District
 1487 N. High Street Suite 400
 Hillsboro, Ohio 45133
 Phone: (937) 393- 1941
 Fax: (937) 393-4694

Animal Bite Report

**PLEASE SUBMIT THIS REPORT TO
OUR OFFICE WITHIN 24 HOURS**

VICTIM (PERSON INJURED)			
Date of Injury:			
Victim's Name:			
Street Address:			
City:	State:	Zip:	Township:
Phone #:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	
Parent/ Guardian (if under 18):			Phone#:
Parent Address (if different than Victim):			
Type of Injury: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Bruise <input type="checkbox"/> Other			
Type of Exposure: <input type="checkbox"/> Provoked <input type="checkbox"/> Playful <input type="checkbox"/> Sick <input type="checkbox"/> Unprovoked <input type="checkbox"/> Vicious			
Location of Injury(ies) on Body:			
Location Where Incident Occurred: <input type="checkbox"/> On the animal owner's property OR <input type="checkbox"/> Off the animal owner's property			

ANIMAL			
Animal Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Bat <input type="checkbox"/> Raccoon <input type="checkbox"/> Skunk <input type="checkbox"/> Other			
Animal Color:	Breed:	Animal Name:	
Stray Animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the animal vaccinated for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			
Owner's Name:			Phone#:
Street Address:			County:
City:	State:	Zip:	Township:
Detailed Directions To Owner's Home:			

TO BE COMPLETED BY THE TREATING FACILITY			
Facility Name:			Physician:
Address:	City:	Zip:	
Phone #:	Rabies Post Exposure Treatment Started? <input type="checkbox"/> Yes <input type="checkbox"/> No		

TO BE COMPLETED BY THE HEALTH DEPARTMENT	
Investigated By:	
Was animal successfully located? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, was victim notified? <input type="checkbox"/> Yes <input type="checkbox"/> No How? <input type="checkbox"/> Verbal <input type="checkbox"/> Written
QUARANTINE (if applicable)	
Was order to confine issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how? <input type="checkbox"/> Verbal <input type="checkbox"/> Written (card)
Date Ordered Confined:	Until:
Location and Method of Confinement:	
Did animal appear healthy after the quarantine period? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
Does animal need vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No Animal Must Remain In Quarantine Until Properly Vaccinated	Was owner Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No How? <input type="checkbox"/> Verbal <input type="checkbox"/> Written
LAB TESTING (if applicable) Must include Lab Submission Report	
Lab submission report completed and attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Animal Received:	Date Animal Shipped:
Date Results Received:	
Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Was victim notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS	

Note: If animal is a stray, the animal control officer should be notified immediately.

ANIMAL CONTROL (937) 393-1421