

ANIMAL BITE REPORT

FORWARD TO: ENVIRONMENTAL DIVISION
ALLEN COUNTY HEALTH DEPARTMENT
219 EAST MARKET STREET
PO BOX 1503
LIMA OH 45802-1503
PHONE: (419) 228-4457 FAX: (419) 224-4161

Note: Please complete as much of this form as possible.

Reported by: _____

Patient's name _____ Age _____

If minor, parent's name _____

Patient's address _____ Zip _____

Patient's phone number _____ Hospital _____

Date of Bite _____ Attending physician _____

Site of bite (arm, etc.) and severity _____

Address where bite occurred _____

Biting animal species _____ breed _____ color _____

sex _____ age _____ size _____

Animal owner's name _____

Address _____ Phone _____

Circumstances preceding bite _____

(For Health Department Use Only)

Animal's name _____ Co. Reg. # _____

Animal vaccinated () yes () no date: _____ # _____

By: _____, _____ Veterinarian

Place and method of quarantine: _____

Quarantine order issued by: _____

Investigation(s) by: _____

Remarks _____