


ALLEN COUNTY
PUBLIC HEALTH
ANIMAL BITE REPORT

FORWARD TO: ENVIRONMENTAL DIVISION
ALLEN COUNTY HEALTH DEPARTMENT
P O BOX 1503
LIMA, OH 45802-1503
PHONE: 419-228-4457**FAX 419- 224-4161

NOTE: PLEASE COMPLETE AS MUCH OF THIS FORM AS POSSIBLE.

NAME OF PERSON COMPLETING THIS REPORT: _____

PATIENT'S NAME: _____ AGE _____

IF MINOR, PARENT'S NAME: _____

PATIENT'S ADDRESS: _____ CITY _____ PHONE _____

NAME OF TREATING MEDICAL FACILITY: _____ ATTENDING PHYSICIAN _____

ADDRESS WHERE BITE OCCURRED: _____

DATE OF BITE: _____ SITE OF BITE (arm, etc.) and SEVERITY: _____

BITING ANIMAL SPECIES: _____ BREED: _____ COLOR: _____

SEX: _____ AGE: _____ SIZE: _____

ANIMAL OWNER'S NAME: _____

ADDRESS: _____ PHONE: _____

CIRCUMSTANCES PRECEDING BITE: _____

NOTE: IF YOU WOULD LIKE THE ALLEN COUNTY DOG WARDEN TO INVESTIGATE A DOG BITE, TO DETERMINE IF THE DOG IS DANGEROUS OR VICIOUS, PLEASE CONTACT THEM @ 419-223-8528

(FOR HEALTH DEPARTMENT USE ONLY)

ANIMAL'S NAME: _____ RABIES TAG # _____

ANIMAL VACCINATED: () YES () NO – DATE OF VACCINATION _____

VETERINARIANS NAME: _____

PLACE & METHOD OF QUARANTINE: _____

QUARANTINE ORDER ISSUED BY: _____

INVESTIGATION(S) BY: _____