

Animal Bite Report Form



**Clermont County
Public Health**
Prevent. Promote. Protect.

Phone: (513) 732-7499
Fax: (513) 732-7936
ccph@clermontcountyohio.gov
ClermontHealthOhio.gov

Victim Information *(Person Injured)*

Date of Injury: _____ Today's date: _____

Township, Village, or City where incident took place: _____

Victim's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone#: (Cell) _____ (Home) _____ (Work) _____

Sex: Male Female Age: _____ Type of Injury: Bite Scratch Other _____

Location of Injury(ies) on body: _____

Parent/guardian (if under 18): _____

Address (if different than victim): _____ Phone#: _____

Name/contact # of person completing form (if different from victim/parent): _____

Did the victim seek medical treatment: Yes No. If yes, list the name of hospital/clinic: _____

Animal Information

Animal Type: _____

Animal Color: _____ Breed: _____ Animal Name: _____

Stray Animal? Yes No If yes, where is the animal now? _____

Do you believe the animal is vaccinated for rabies? Yes No

Rabies Tag# (if known) _____ Veterinarian/Clinic: _____

Animal Owner or Location of Animal

Animal Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone#: (Cell) _____ (Home) _____ (Work) _____

To Be Completed Only By the Treating Facility

Facility Name: _____ Physician: _____

Address: _____ City: _____ Zip Code: _____

Phone#: _____ Rabies post exposure treatment started? Yes No

Please fax filled report to (513) 732-7936

Form must be as complete as possible. Contact Clermont County Public Health immediately if additional or missing information is acquired after the form has been submitted.