Public Health
Prevent. Promote. Protect.
Perry County
Health Department

Perry County Health Department
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perrycountyhealth.info

Animal Bite Intake Form

Animal Bite Report #_____

Rabies Monitoring Program

Ohio Administrative Code 3701-3-28 states: "Whenever a person is bitten by a dog or other mammal, report of such bite shall be made within 24 hours to the health commissioner of the district in which such bite occurred."

Please fax this report within 24 hours to (740) 342-5540 or email to perrycountyhealthdepartment@perrycountyohio.net

Incident Details *(Please complete as much information as possible)*

Date of Incident	Date Reported	Reported By
Received By	How Received	Sanitarian Assigned

Incident Location Address	Incident City	Incident State
Name of Victim Age of Victim	Incident zip code	Region (Township or City)
Address of Victim	Victim Phone #	

Type of Exposure
□ Bite □ Scratch □ Bruise □ Other

Source Animal Information (Biting Animal)

Animal Species
□ Dog □ Cat □ Ferret □ Bat □ Bite □ Raccoon □ Skunk □ Other _____

Domestic or Wild	Breed	Animals Name
Location of Animal Now	Stray Animal □ Yes □ No	
Do you believe the animal was vaccinated for rabies? □ Yes □ No	Rabies Tag Number (if known)	Vaccine Exp. Date
Veterinarian/Clinic (if known)		

Source Animal Owner/Homeowner Information (If the animal owner is not known, please indicate the address section where the injury occurred, i.e. street or nearest intersection)

Owner's Name			
Address	City	State	Zip Code
Home Phone Number	Work Phone Number	Cell Phone Number	