

# Pickaway County PublicGeneral Health District

110 Island Rd., P.O. Box 613 Circleville, Ohio 43113  
Phone (740) 477-9667 ext.225 ▪ Fax (740) 474-5523

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## ANIMAL BITE REPORT

Report No. \_\_\_\_\_

DATE OF BITE: \_\_\_\_\_ ANIMAL OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF ANIMAL:  DOG  CAT OTHER \_\_\_\_\_ LICENSE #: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

PERSON BITTEN: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

IF MINOR, PARENT OR GUARDIAN: \_\_\_\_\_

SITUATION SURROUNDING  
INCIDENCE: \_\_\_\_\_

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NAME OF VETERINARIAN: \_\_\_\_\_ CLINIC NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF CURRENT RABIES IMMUNIZATION: \_\_\_\_\_ RABIES TAG #: \_\_\_\_\_

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DATE REPORTED TO HEALTH DEPARTMENT: \_\_\_\_\_

DATE REPORTED DELIVERED TO  
OWNER/HARBORER: \_\_\_\_\_

DATE ANIMAL OBSERVED: \_\_\_\_\_ FOLLOW-UP REQUIRED ON: \_\_\_\_\_

DATE REFERRED TO HEALTH  
COMMISSIONER: \_\_\_\_\_

COMMENTS:

DATE COMPLETED: \_\_\_\_\_ SANITARIAN: \_\_\_\_\_



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*We Care.*

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