



110 Island Rd. Suite C 2nd Floor
 PO Box 613
 Circleville, OH 43113
 (740) 477-9667 ext. 225
www.pchd.org

Animal Bite Intake Form
 Environmental Health Division

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 complete as much information as possible. **Please fax this report within 24 hours to (740) 474-5523 or email to contact@pchd.org.**

Incident Details

Date of Incident

Address where bite occurred	City	Zip
Person Bitten	Age	City/Township
Parent or Guardian if Minor	Telephone #	
Address of Person Bitten	City	
Type of Exposure (please circle) Bite Scratch Bruise Other		

Animal Information

Animal Species (Please Circle)	Dog	Cat	Ferret	Bat	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?	Rabies Tag Number			Vaccine Date			
Veterinarian/Clinic (If known)	Telephone #						

Animal Owner 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	Cell Phone Number	

Office Use Only*****

Date Reported	Reported By	Received By
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This evaluation is not a guarantee and applies only to conditions noted on the above date of inspection. Our examination is limited to those items that can be observed under the prevailing weather and surface conditions on the above date of inspection, and not by the factors that cannot be observed upon inspection.