ANIMAL BITE INTAKE REPORT

Pickaway County Public Health

***Submit report within 24 hours. Complete form and fax to** 740-474-5523 or email contact@pickawaycountypublichealth.gov*

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. The report herein required shall be made by any health care provider, or by any licensed doctor of veterinary medicine with knowledge of the bite, or by the individual bitten."

This document and the information contained herein is a public record and may be released upon request pursuant to R.C. 149.43. Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), one or more fields on this form may be redacted unless a disclosure exception in 45 CFR §164.512 applies.

TO BE COMPLETED BY THE HUMAN MEDICAL OR VETERINARY MEDICAL FACILITY

Facility Name: _____ **Clinician:** _____

Address: _____ **City:** _____ **ZIP:** _____

Phone #: _____ **Human Rabies Post Exposure Treatment Started?** ☐ No ☐ Yes

Please complete as much information as possible.

INCIDENT DETAILS

Date of Incident: _____/_____/_____

Incident Location Address: _____ **City:** _____ **State:** _____

Location of Incident (check one): ☐ On the animal owner's property ☐ Off the animal owner's property

VICTIM DETAILS

Victim's Name: _____

Victim's Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

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

Sex: ☐ Male ☐ Female **Age:** _____ **Type Of Injury:** ☐ Bite ☐ Scratch ☐ Bruise ☐ Other

Location of Injury(ies) on Body: _____

Parent/Guardian (if under 18)**:** _____

Parent/Guardian Address (if different than victim): _____

Parent/Guardian Phone # (if different than victim): _____

ANIMAL DETAILS

Animal Type: ☐ Dog ☐ Cat ☐ Ferret ☐ Bat ☐ Raccoon ☐ Skunk ☐ Other: _____

Animal Color: _____ **Breed:** _____ **Animal Name:** _____

Where is the animal now? _____ **Stray Animal?** ☐ Yes ☐ No

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

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

OWNER DETAILS

Owner's Name (if known): _____

Owner's Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

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

PICKAWAY COUNTY PUBLIC HEALTH
We Care.

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