

# Coshocton Public Health District

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## BITING ANIMAL INCIDENT REPORT

### Person Bitten:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_  
(Village/Township)

Was bit provoked? ☐ Yes ☐ No

Briefly describe injury and treatment: \_\_\_\_\_

### Did victim receive rabies vaccine?

☐ Yes Date(s) Administered \_\_\_\_\_  
☐ No

### Biting Animal:

Species: ☐ Dog ☐ Cow ☐ Other domestic pet/animal  
☐ Cat ☐ Horse ☐ Wild animal

Description of animal:

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Description \_\_\_\_\_

License Tag# \_\_\_\_\_

Current rabies vaccination ☐ Yes ☐ No ☐ Unknown

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_  
Name(s) of Person(s) completing report

\_\_\_\_\_  
Date received

### Office Use Only

Health department investigation/action

Vaccination verified ☐ Yes ☐ No Veterinarian \_\_\_\_\_  
Date of verification \_\_\_\_\_

Quarantine order issued? ☐ Yes ☐ No Date \_\_\_\_\_ ☐ Home ☐ Pound ☐ Kennel

Head submitted to lab? ☐ Yes ☐ No Date \_\_\_\_\_ Result: ☐ Positive ☐ Negative

Follow-up: \_\_\_\_\_