

Coshocton Public Health District

Animal Bite Incident Report

Name of Individual Filling Out Report: _____
Date Bite Reported (mm/dd/yy): _____
Reporting Hospital/Doctor/Agency: _____
Telephone Number: () _____

Date Bite Occurred (mm/dd/yy): _____
Location where Bite Occurred: _____
Name of Victim: _____
Age of Victim: _____
Name of Parent/Guardian (if under 18): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____

Name of Animal: _____
Species: Dog Cat Bat Raccoon Squirrel Other: _____
Length of hair: _____ Age: _____
Breed or Approx Weight: _____ Color: _____
Sex: Male Female
Spayed/Neutered: Yes No Unsure

Description of Animal Contact:
 No Skin Break Scratch Bite/Puncture
 Other: _____

Bite Circumstances:
 Unprovoked Provoked Unsure
 Other: _____

If bite was from a dog, was the dog chained?
 Yes No Unsure

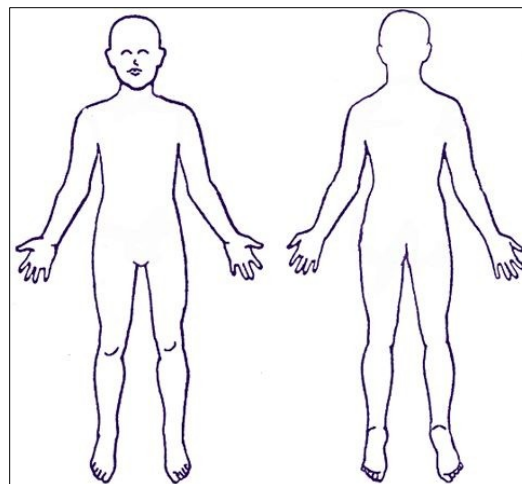
If bite was from a dog, does the dog have a county license?
 Yes (License: _____) No Unsure

Was the animal vaccinated for rabies?
 Yes (License: _____) No Unsure

Quarantine Location
 Home Veterinarian Office Dog Warden Other: _____

Name of Animal Owner: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____
Secondary Contact Number: () _____

Location of Injury (circle area)



Send completed form to: 637 Chestnut St., Coshocton, OH 43812 or by
Email: Coshcohealth@coshoctoncounty.net, or Fax: (740) 295-7576.

