



## Environmental Services

637 Chestnut Street, Coshocton, OH 43812

(740) 622-1426 | (740) 295-7576 | [www.coshoctoncounty.net/health](http://www.coshoctoncounty.net/health)

## ANIMAL BITE INCIDENT REPORT

### ANIMAL INFORMATION

Animal Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Skunk <input type="checkbox"/> Raccoon <input type="checkbox"/> Coyote <input type="checkbox"/> Other	Animal Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown  Check if Stray <input type="checkbox"/>	Description of Animal  Breed _____  Size _____  Color _____  Markings _____  Name if known _____	Animal Owner Name (If unknown write Stray) _____  Animal Owner Address <input type="checkbox"/> Check if Unknown  Street Address _____  City _____  Owner phone: _____  Owner email if known: _____
Was the dog bite provoked? Yes <input type="checkbox"/> No <input type="checkbox"/> (Provoked means tormented, teased, abused)		Has this dog bitten before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Did the bite/exposure happen on animal owner's property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Geographical location/ Address: (Township/City/Area Exposure occurred)	

### VICTIM INFORMATION

Victim Name (Print Clearly)	Date of Exposure/Bite:
Victim Address with ZIP	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth/Age:
Parent/Guardian name if under 18:	Relationship to Victim:
Parent Address (if Different)	Phone: _____ <input type="checkbox"/> Victim <input type="checkbox"/> Parent/Guardian

### MEDICAL PERSONNEL USE ONLY

Reported by: (Name of Clinic/Hospital)		Contact Phone:
Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Provided by: (Name of Doctor)	Date of Treatment:
Type of Injury: <input type="checkbox"/> Bite <input type="checkbox"/> Other Exposure  Was skin Broken? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes: <input type="checkbox"/> Puncture <input type="checkbox"/> Scratch <input type="checkbox"/> Abrasion <input type="checkbox"/> Laceration	Anatomical Location of Injury(ies): _____  Rabies Post Exposure Treatment Started? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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## ANIMAL BITE INCIDENT REPORT

### FORM INSTRUCTIONS

The purpose of this form is to notify the local health department of a potential rabies exposure. This report is required by section 3701-3-28 of the Ohio Administrative Code. This section requires that a report of an animal bite be made to the Health Commissioner of the jurisdiction where the bite occurred within 24 hours of the bite in the same manner as the reporting of Class A Diseases. Completing and faxing/emailing this form fulfills that obligation. If you have any questions completing this form, please contact the health department above.

### ANIMAL INFORMATION

**Species, Sex, Description:** Enter the species, sex and a brief description (color, size, breed, etc) of the subject animal in this section. Complete this section with as much information as available at the time of treatment. If the animal is not owned, check the box for "Stray".

**Animal Owner Name, Address, and Phone Number:** Complete this information with the animal owner's name, address and phone number as reported by the victim. Accurate information is important to be able to identify the animal and place the animal under quarantine. Questionable information should be verified with the telephone book or other reference material.

**Provoked/Unprovoked:** Unprovoked means that a dog was not teased, tormented or abused by a person or that the dog was not coming to the aid or defense of a person who was not engaged in illegal or criminal activity and who was not using the dog as a means of carrying out such activity.

**Geographical Location:** Enter the political jurisdiction in which the bite/exposure occurred in the area (i.e. city or township, locality). This is critical for proper notification to the correct local health department with jurisdiction for action. In many cases, this may be the political jurisdiction where the animal owner lives. If you do not know the exact jurisdiction, please check with telephone book, or other reference materials and enter your best estimate. The local health department will correct this information and forward to the correct health department as necessary.

### VICTIM INFORMATION

**Victim Name and Information:** Enter the name and address of the victim. Accurate information is critical for proper notification to the appropriate health department. Please verify questionable information with the telephone book or other reference information. If the victim is a minor, please indicate the information for the parent or guardian, including the relation of parent or guardian and associated address.

**Date of Exposure/Bite:** Enter date of the animal bite or exposure as reported by the victim.

**Victim Gender and age:** Enter the victim's gender and age in this area.

### MEDICAL PERSONNEL USE ONLY

**Reported by:** Enter the name, organization and telephone number of the individual making this report. This section is reserved for use by medical personnel.

**Medical Treatment, Treatment Provided by, Date of Treatment:** Enter "yes" if medical treatment was provided as a result of the animal bite or exposure. If treatment was provided, enter the location of the injury(ies) on the victim's body.

**Rabies Post Exposure Treatment:** Please indicate whether rabies post exposure treatment has been started.

### NOTIFICATION

The Ohio Administrative Code requires that notification of an animal bite be made to the Health Commissioner within 24 hours after exposure. Faxing or emailing this form to CPHD fulfills this obligation. **Please review the notice for accuracy and completeness and then send** it to CPHD as soon as possible after providing any necessary treatment.