

# ANIMAL INCIDENT REPORT

## Health Department Fax Numbers

Gallia Co. 740-441-2963

Athens Co. 740-594-2370

Vinton Co. 740-596-5837

Jackson Co. 740- 286-8809

Meigs Co. 740-992-0836

Hocking Co. 740-385-2252

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Person/Agency Reporting: \_\_\_\_\_

Report Date: \_\_\_\_\_ Person/Agency's Phone: \_\_\_\_\_

Report Time: \_\_\_\_\_ Staff Reporting Incident: \_\_\_\_\_

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Victim's Name: \_\_\_\_\_ Date of Bite: \_\_\_\_\_

Address: \_\_\_\_\_ Time of Bite: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

(If applicable)

Township: \_\_\_\_\_

Site of Bite: \_\_\_\_\_ Treatment: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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Owner of Animal: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Address animal can be found: \_\_\_\_\_

(if different than owner's)

\_\_\_\_\_

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Type of Animal: Dog / Cat / Other Breed: \_\_\_\_\_ Name: \_\_\_\_\_

Disposition: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ Color: \_\_\_\_\_

Animal Immunized? Y / N Expiration Date: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

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County Bite occurred: \_\_\_\_\_  
(FAX REPORT TO COUNTY WHERE BITE OCURRED-FAX NUMBERS AT TOP OF FORM)

Place (Location) bite occurred: \_\_\_\_\_

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OFFICE USE ONLY

To be completed by Investigating Sanitarian.

Investigating Sanitarian: \_\_\_\_\_ Date Received: \_\_\_\_\_

Dog Warden Contacted? Y / N

Rabies Vaccine Verified? Y / N

Spoke to Who: \_\_\_\_\_ Date: \_\_\_\_\_

Circumstances Preceding Bite: \_\_\_\_\_

Recommendations to Victim: \_\_\_\_\_

Quarantine Order Issued to: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Quarantine: Home / Veterinarian / Shelter / Other \_\_\_\_\_

Disposition: \_\_\_\_\_ Date Released: \_\_\_\_\_

Rabies Vaccination Order Issued to \_\_\_\_\_ Date: \_\_\_\_\_

Post-exposure Rabies prophylaxis series began? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

OFFICE USE ONLY

To be completed by Investigator.

**Owner of Animal:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Additional Comments:** \_\_\_\_\_

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