

ANIMAL BITE REPORT

CUYAHOGA COUNTY BOARD OF HEALTH
5550 VENTURE DRIVE
PARMA, OHIO 44130

TERRENCE M. ALLAN., M.P.H.
HEALTH COMMISSIONER

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PLEASE FILL OUT FORM COMPLETELY AND ACCURATELY. REPORT MUST BE FILED WITH CUYAHOGA COUNTY BOARD OF HEALTH WITHIN 24 HOURS OF INCIDENT. PLEASE REPORT BY FAX OR PHONE. INCLUDE AREA CODES. IF OWNER OF ANIMAL RESIDES IN CLEVELAND, LAKEWOOD, OR SHAKER HEIGHTS, CALL APPROPRIATE LOCAL HEALTH DEPARTMENT.

VICTIM _____ AGE _____

STREET ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

LOCATION OF BITE: HEAD EXTREMITIES BODY

DATE OF BITE _____ DATE REPORTED _____ REPORTED BY _____

MEDICAL TREATMENT BY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF TREATMENT _____ RABIES PROPHYLAXIS ADMINISTERED? Y N

BREED & SPECIES OF ANIMAL _____ PET WILD

COLOR _____ MARKINGS _____

ANIMAL OWNER _____

STREET ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

RABIES TAG NO. _____ DOG CAT NAME & AGE _____

DATE OF RABIES VACCINE _____ TYPE OF VACCINE 1 YR. 3 YR.

VETERINARIAN/CLINIC ADMINISTERING VACCINE: _____

STREET ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

COMMENTS OR SPECIAL INFORMATION: _____

RECORD VERIFIED BY: _____