

# CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

## Animal Bite & Exposure Report Form

All animal bite and exposure incidents in Ohio must be reported to the local health department within 24 hours by law. If the incident occurred in Cleveland, fax to 216.348.7359. For all other cities, fax to 216.676.1317 or email to [rabies@ccbh.net](mailto:rabies@ccbh.net)

*\*This section must be completed by the submitting agency\**

<b>Who is faxing or emailing the report?</b>	<b>Name:</b>	<b>Phone Number:</b>
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This report is required for rabies prevention purposes only. To rule out the risk for rabies, dogs and cats must be quarantined at home for a period of at least 10 days and until they are released from quarantine by the Board of Health or a Veterinarian. Incidents involving other types of animals are evaluated on a case by case basis.

<b>Where and when did the incident happen?</b>	<b>Address and/or City:</b>	<b>Date of Incident:</b>
<b>Victim Name:</b>		<b>Age:</b>
<b>Address:</b>		<b>Phone:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Type of Exposure:</b> <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other <input type="checkbox"/> If other, please describe:		
<b>Location of Exposure:</b> <input type="checkbox"/> Head <input type="checkbox"/> Extremities <input type="checkbox"/> Other <input type="checkbox"/> If other, please describe:		
<b>Medical Treatment by:</b>		<b>Rabies PEP Given?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Animal Type: (check all that apply)</b> <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: <input type="checkbox"/> Someone's Pet <input type="checkbox"/> My Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild			
<b>Animal Name:</b>	<b>Color &amp; Description:</b>	<b>Breed:</b>	
<b>Animal Owner Name:</b>		<b>Phone:</b>	
<b>Address:</b>		<b>Phone:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Date Rabies Vaccination Given:</b>	<b>Date Rabies Vaccination Expires:</b>	<b>Tag#:</b>	
<b>Veterinary Clinic Where Rabies Vaccination was Given:</b>			
<b>Address:</b>		<b>Phone:</b>	
<b>Is the animal being submitted to the Ohio Dept of Health Lab for Rabies testing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date Shipped:</b>	
<b>Report Completed by:</b>		<b>Date Completed:</b>	
<b>Notes:</b>			