

CUYAHOGA COUNTY
 BOARD OF HEALTH
 YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Animal Bite & Exposure Report Form

*Per Ohio Administrative Code, all animal bite and exposure incidents must be reported within 24 hours.
 The department that the report must be sent to is determined by the city in which the incident occurred.*

Address where the incident occurred: _____

If incident occurred in Cleveland
please fax to: 216-348-7359

If incident occurred in Shaker Hts.
please fax to: 216-491-8828

For all other cities
please fax to: 216-676-1316

Victim Name			Age
Address		Phone	
City	State	Zip	Phone (alternate)
Type of exposure <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other If other, please describe:		Location of exposure <input type="checkbox"/> Head <input type="checkbox"/> Extremities <input type="checkbox"/> Other If other, please describe:	
Date of Bite	Date Reported	Rabies Prophylaxis Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Treatment by			Phone
Reported by <input type="checkbox"/> Hospital <input type="checkbox"/> Police Dept <input type="checkbox"/> ACO <input type="checkbox"/> Other:			Phone

Animal Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:	Animal Breed	Type of Animal <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild	
Animal Name	Animal Color & Description		
Animal Owner Name	Phone		
Address	Phone (alternate)		
City	State	Zip	
Rabies Vaccination Tag #	Date of Vaccine	Type of Vaccine <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year	
Veterinary Clinic Where Vaccine was Given			
Address		Phone	
City	State	Zip	
Comments or Special Information			