

# 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.  
If incident occurred in Cleveland, please fax to: 216-348-7359. For all other cities, fax to: 216-676-1316.*

Address where the incident occurred:
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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"/> Veterinarian <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
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