

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

Animal Bite & Exposure Report Form

City Where 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	Reported by	
Medical Treatment by		Rabies Prophylaxis Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		Phone	
City	State	Zip	

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	
Animal Rabies Vaccination Tag #	Date of Vaccine	Type of Vaccine <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year	
Veterinary Clinic Where Vaccine was Administered			
Address		Phone	
City	State	Zip	
Comments or Special Information			