



# AUGLAIZE COUNTY HEALTH DEPARTMENT

*prevent. promote. protect.*

## Animal Bite Information Form

Please complete this form and fax or mail to this office. Thank you for your cooperation in this matter.

Date the Bite Occurred:		Was Medical treatment obtained?	
Name of Person Bitten:		Person's Age:	
Address of Person Bitten:		Phone Number:	
Parent's name (if person bitten is a minor):		Any Additional Contact information:	

Circumstances of the bite: \_\_\_\_\_

Animal Owner's name:		Animal's Name:		
Owner's Address:		Phone:		
Animal Species (dog, cat, bat):	Breed:	Animal Color:	Size:	Sex:
If person bitten is owner, is animal currently vaccinated for rabies? Where?				

**If the bite came from an ill or wild animal, report it immediately!**

Office Use Only – Please do not write below this line.

Date quarantine letter mailed:	Investigating Sanitarian:	Date Animal Observed:
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Findings: \_\_\_\_\_

Vaccination Date:	Vaccination Type (1 or 3 year)	Veterinarian:
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