



Environmental Health Division - Telephone (740) 596-0473 - Fax (740) 596-5837
31927 State Route 93, McArthur, Ohio 45651

ANIMAL BITE FORM

Type of Animal _____ Date Reported _____

Reported by _____

Person Bitten _____ Age _____ Phone # _____

Parent/Guardian's Name _____ Name of Animal _____

Address _____

Date Bitten _____ Location of Bite _____

Date of Treatment _____ Physician _____ Type of Treatment _____

Owner of Animal _____ Phone # _____

Address _____

Has the Animal had Rabies Shot _____ Date _____ Veterinarian _____

Behavior of the Animal at the time of the incident _____

VETERINARIAN REPORT

Date Animal Observed by Veterinarian _____ 1st _____ 2nd _____

Veterinarian Findings _____

UNCLAIMED DOG

Reported to Dog Warden _____ Picked up by Dog Warden _____

Dog Warden Observation of Animal _____

Veterinarian Findings _____

State Analysis of Animal Head for Rabies _____

Patient Notified _____ Date _____

Anti Rabies Treatment Started _____

Amount of Serum Given _____

Remarks _____

