

ANIMAL BITE REPORT FORM

Fax Report to: (330) 675-7875

Trumbull County Combined Health District – 176 Chestnut Ave. NE, Warren, OH 44483 – (330) 675-2590

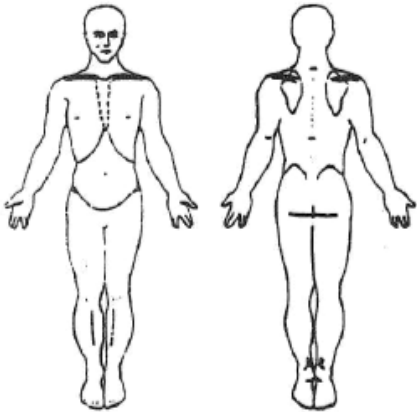
BITE VICTIM INFORMATION

Name _____ Address of victim _____ City State & Zip _____

Township _____ Phone _____ Age of victim _____ If under 18, name of guardian _____

Victim's address for the next ten days _____

MARK LOCATION OF WOUND



DETAILS OF BITING INCIDENT - MEDICAL TREATMENT

Incident date _____ Person completing form _____

TYPE OF WOUND

Laceration

Puncture wound

Abrasion

TREATMENT

Sutured

Not sutured

Post-exposure vaccine initiated

WHERE TREATMENT OCCURRED

St. Elizabeth

Northside

Forum TMH

SJHC - Eastland

SJHC - Howland

SJHC - Tod Minor

Other

Print other location above

Treatment date _____

DETAILS OF ANIMAL - OWNER OF ANIMAL

Owner's name _____ Address, City, State & Zip _____ Phone _____

Animal type

Dog

Ferret

Township _____

Cat

Other

⇔ Describe animal _____

DATA BELOW TO BE COMPLETED BY THE HEALTH DISTRICT

Date faxed to Health District _____ Date of animal's last rabies vaccination _____ Date animal quarantined _____

Disposition:

Tag number _____

Length of immunization _____

Veterinarian _____

Investigated by _____