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## Animal Bite/Exposure Report Form

**Date of Incident:** \_\_\_\_\_

**Victim's Information:**

Name: \_\_\_\_\_

Address including city, state & zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Township: \_\_\_\_\_

Age: \_\_\_\_\_ Parent's Name (if under age 18): \_\_\_\_\_

Type of exposure: Bite  Scratch  Other (please specify) \_\_\_\_\_

Rabies vaccine administered to victim? Yes  No

**Animal Information:**

Species: Bat  Cat  Dog  Ferret  Raccoon  Other (please specify): \_\_\_\_\_

Animal name: \_\_\_\_\_ Breed (dogs only): \_\_\_\_\_

Description (color, etc.): \_\_\_\_\_ Sex: Female  Male

Ownership: Owned  (provide owner information below) Stray  Wild  Other: \_\_\_\_\_

Veterinarian/clinic: \_\_\_\_\_ Veterinarian phone: \_\_\_\_\_

Immunized against rabies at time of bite? Yes  No  Date: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Address including city, state & zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Township: \_\_\_\_\_

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**Please fax report to Morrow County Health District within 24 hours of incident: 419-946-6807.**