



Animal Exposure Report Form

Please Fax Immediately To:
MORROW COUNTY
HEALTH DISTRICT
419-946-6807

Victim's Information:

Date of Incident: ____/____/____

First Name: _____ Middle Initial: ____ Last Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone #: _____ Age: ____ Township: _____

Parent's Name (If under age 18): _____

Was the Victim (please circle): Bitten Scratched Other: _____

Body Part that was affected: _____

Circumstances preceding the incident: _____

Animal Information:

Is the animal owned? ____ Species (type of animal dog, cat, etc.): _____ Sex: ____

Color: _____ Name: _____ Breed (dogs only): _____

Is the animal (please circle): neutered or spayed? A mixed breed? (please circle): Yes or No

Veterinarian: _____ Vet's Telephone #: _____

Rabies Immunization Date: ____/____/____ Animal immunized during incident? (please circle): Yes or No

Rabies Tag #: _____

Owner Information:

Effective immediately, if the animal is owned, it must now be quarantined for a minimum of 10 days & it is not allowed to leave Morrow County during this quarantine period.

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone #: _____ Township: _____

Treatment Information:

Were vaccines given to victim?: _____

Treatment: _____

Attending Physician: _____ Date: ____/____/____