ANIMAL BITE INVESTIGATION

DATE RECEIVED: ___________________ LOG NUMBER: ___________________
DATE OF BITE: ___________________ REPORTED BY: ___________________

PERSON BITTEN:
Name: ___________________________ Age: ___________________
Parent/Guardian: ___________________ Phone: ___________________
Address: __________________________
Description of injury: bite, scratch, other: ___________________
Location of injury: ___________________
Medical treatment and Physician: ___________________
Was Rabies Post-exposure treatment given: ___________________
Circumstances of bite: ___________________

ANIMAL OWNER:
Name: ___________________________ Phone: ___________________
Address: __________________________

DESCRIPTION OF ANIMAL:
( ) Dog ( ) Cat ( ) Other ___________________
( ) Owned ( ) Stray ( ) Wild ___________________
Breed: _______________ Name of Animal: ___________________ Color: _______________
Current Rabies Vaccination: ( ) Yes ( ) No ( ) Unknown

HEALTH DEPARTMENT INVESTIGATION/ACTION
Vaccination verified: ( ) Yes ( ) No
Veterinarian: ___________________ Phone: ___________________
Date: _______________ Tag #: ___________________
Quarantine ordered: ( ) Yes ( ) No
Date: _______________ Location: ___________________
Recheck Date: _______________ Results: ___________________
Head sent to lab: ( ) Yes ( ) No
Date: _______________ Results: Pos: _____ Neg: _____
Bitten person notified of quarantine or lab results: ( ) Yes ( ) No
Date: _______________
Sanitarian: ___________________ Additional Remarks on reverse side

REV.6-12

Shelby City
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