

**SHELBY CITY HEALTH DEPARTMENT**

43 West Main Street  
Shelby, Ohio 44875

Phone: 419-342-5226, FAX: 419-347-1193

**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

