



Animal Bite Report

Ohio Administrative Code 3701-3-28 requires that all information pertaining to an animal bite must be provided. Failure to comply will result in legal action.

Animal Information

Date Bite Occurred: _____ Location Where Bite Occurred: _____

Place of Quarantine: _____

Animal's Name: _____ Type of Animal: _____

Breed: _____ Color: _____ Sex: _____

Animal Currently Immunized: _____ Date of Immunization: _____

Veterinarian: _____ Phone #: _____

Owner Information

Name: _____ Phone #: _____

Address: _____

City, State & Zip: _____

Victim Information

Name: _____ Phone #: _____

Address: _____

City, State & Zip: _____

Email Address: _____

Age: _____ Sex: _____ Parent or Guardian, if victim is a minor: _____

Type and Specific Location of Injury: _____

Were any other people exposed through a bite, scratch or saliva contact with this animal? Y N

If Yes, Who?: _____

Reporting Agency Information

____ Hospital ____ Physician ____ Veterinarian ____ Animal Shelter ____ Police

Contact Name: _____ Phone #: _____

Please complete and fax to MCPH/EH at 937.573.3502

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