



**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  
or email to  
eh@miamicountyhealth.net**

Dennis R. Propes, REHS, MPA  
Health Commissioner

James S. Burkhardt, DO  
Medical Director



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