



### 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 or pets exposed through a bite, scratch or saliva contact with this animal?

Y    N. If Yes, please provide details: \_\_\_\_\_

#### 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  
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