



MIAMI COUNTY Public Health

Prevent. Promote. Protect.

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**

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Health Commissioner

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