



Fairfield County Health Department  
1550 Sheridan Dr., Suite 100, Lancaster, Ohio 43130  
740.652.2800 | fairfieldhealth.org

## Animal Bite Report

Date of Bite: \_\_\_\_\_ Type of Animal: Cat Dog  
Date Reported: \_\_\_\_\_ Other (Specify) \_\_\_\_\_

### Individual Bitten:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

### Treatment Information:

Treatment Provider \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

Location of Treatment Facility: \_\_\_\_\_

Exposure Type: Bitten Scratched Other (Circle all that apply)

Location of Wound: \_\_\_\_\_

Location/Address of Incident: \_\_\_\_\_

### Animal Owner Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's License # \_\_\_\_\_

### Animal Information:

Animal Name: \_\_\_\_\_ Sex: M F Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Current Immunization? Yes No If yes, date of immunization: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Does animal show any signs of sickness? Yes No

Other information or remarks: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Reporting Agency: \_\_\_\_\_

\*The Fairfield County Health Department is NOT a dog enforcement agency; we are strictly rabies control. Please fill out the form to the best of your knowledge. If your pet is NOT current on its rabies vaccination, please contact the health department for options.