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The Department operates in  
accordance with Title VII of the  
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# ANIMAL BITE REPORTING FORM

Please complete as much of this form as possible (please print).

Fax completed form to: 419-213-4141.

Name of Individual Filling Out Report: \_\_\_\_\_  
Date bite reported (mm/dd/yy) \_\_\_\_\_  
Reporting Hospital/Doctor/Agency: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

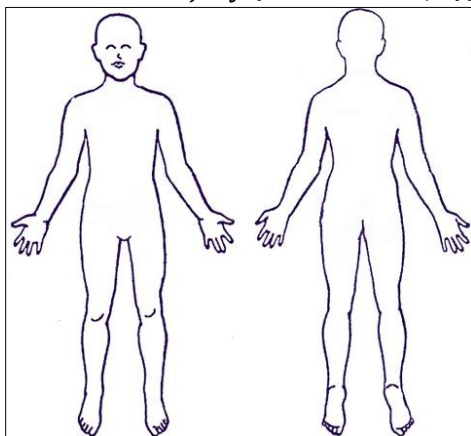
**Patient Information**

Date bite occurred (mm/dd/yy) \_\_\_\_\_  
Name of Patient: \_\_\_\_\_  
Age of Patient: \_\_\_\_\_  
Name of Parent/Guardian (if under 18): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Secondary Contact Number: \_\_\_\_\_

**Animal Bite Information:**

Type of Animal	Description of Animal Contact
<input type="checkbox"/> Dog	<input type="checkbox"/> No Skin Break
Breed: _____	<input type="checkbox"/> Scratch
Color: _____	<input type="checkbox"/> Bite/Puncture
<input type="checkbox"/> Cat	<input type="checkbox"/> Other _____
Breed: _____	
Color: _____	Bite Circumstances:
<input type="checkbox"/> Bat	_____
<input type="checkbox"/> Raccoon	
<input type="checkbox"/> Squirrel	Was Dog Chained?
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**Location of Injury (Circle Area of Injury):**



Sex of Animal:  
 Male  Neutered  Unknown  
 Female  Spayed  Unknown

Vaccinated for Rabies?  
 Yes (License # \_\_\_\_\_)  
 No  
 Unknown

Dog License #: \_\_\_\_\_  
Approximate Weight of Animal: \_\_\_\_\_ lbs  
Quarantine Location:  
 Home  Pound  Vet  Other

**Animal Owner Information**

Location/Address Where Bite Occurred: \_\_\_\_\_  
Name of Animal Owner: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Owner's Telephone Number: \_\_\_\_\_