



ASHLAND COUNTY - CITY HEALTH DEPARTMENT

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Equal Opportunity Employer / Provider

MAMMAL BITE REPORT FORM

Forward Completed Form to Health Department

Date of Bite:

Reported by:

Date Report Received:

Animal owner or location where bite occurred:

Address:

City:

State:

Zip Code:

Phone:

Person Bitten:

Age:

Address:

City:

State:

Zip Code:

Phone:

Parent (if victim is a minor):

Location of bite on the body:

Treatment Information

Hospital/ Physician where treated:

Phone:

Type of Treatment Administered:

Type of Animal: Dog _____

Cat _____ Other _____

Breed:

Animal Description/Color:

Animal Name:

Animal Sex:

Place where animal is confined:

Veterinarian:

Vets Phone:

Date of Last Rabies Immunization:

Rabies Test Conducted:

Results:

COMMENTS/ Describe How Bite Occurred:

Sanitarian's Signature