



### Mammal Incident Report Form

Forward completed form to Ashland County Health Department Environmental Health Division

**Mail:** 1211 Claremont Ave Ashland, OH 44805 **Email:** [pdonaldson@health-ashlandcounty-oh.gov](mailto:pdonaldson@health-ashlandcounty-oh.gov) **Fax:** (419) 282-4333

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#### Victim Information

Victim Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name (if victim is a minor) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Site of Exposure \_\_\_\_\_ Type of Exposure: ☐ Bite or ☐ Scratch

Phone \_\_\_\_\_ Email \_\_\_\_\_

Describe how bite occurred \_\_\_\_\_

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#### Owner Information

Owner Name \_\_\_\_\_ Location of Animal: ☐ Known or ☐ Unknown

Owner Address (or location of exposure if unknown) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Township \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Animal Information

Animal Name \_\_\_\_\_ Type of animal \_\_\_\_\_ Sex: ☐ M or ☐ F

Place where animal is confined \_\_\_\_\_ Date of last Rabies immunization \_\_\_\_\_

Veterinarian \_\_\_\_\_ Veterinarian Phone \_\_\_\_\_

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#### Treatment & Reporting Information

Hospital/Physician where treated \_\_\_\_\_ Phone \_\_\_\_\_

Reporting Agency: ☐ Hospital/Urgent Care ☐ Dog Warden ☐ Veterinarian ☐ Other \_\_\_\_\_

Treatment \_\_\_\_\_

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#### Office Use Only

Date Investigation Completed \_\_\_\_\_ EH Specialist's Signature \_\_\_\_\_ Revised: Aug 2023

**1211 Claremont Ave  
Ashland, Ohio 44805  
419-282-4231**