



ASHLAND COUNTY HEALTH DEPARTMENT

MAMMAL BITE REPORT FORM

Forward Completed Form to Health Department

BITE VICTIM INFORMATION

Victim Name _____ Age _____ Phone _____

Address _____ City/State/Zip _____

Date of Bite: _____ Location of Bite on the Body: _____

Parent/Guardian Signature (if victim is a minor) _____

ANIMAL OWNER INFORMATION

Animal Owner (or location where bite occurred if owner unknown) _____

Address _____ Phone _____

City/State/Zip _____

ANIMAL INFORMATION

Type of animal _____ Breed _____ Sex _____

Description/Color _____

Animal Name _____ Place where animal is confined _____

Veterinarian _____ Phone _____

Date of last Rabies immunization _____

Describe how bite occurred _____

TREATMENT & REPORTING INFORMATION

Hospital/Physician where treated _____ Phone _____

Type of treatment administered _____

Incident submitted by _____ Phone _____

***** OFFICE USE ONLY *****

Rabies Test Conducted _____ Results _____

Sanitarian's Signature _____ Investigation Complete _____ 05/22