



ANIMAL BITE/EXPOSURE REPORT

Geauga Public Health

(Bite must have occurred in Geauga County)

All animal bites must be reported within 24 hours

Phone: 440 279 1950

Fax: 440 285 4305

PLEASE PRINT LEGIBLY

Date: _____

Name of person completing this form: _____ Phone: _____

Relationship to Victim (Circle one):

Self Family ER/UC Physician Dog Warden police/sheriff other: _____

Victim Information:

Name: _____

Street Address: _____

C/S/Z _____

Age: _____ Sex: _____

Phone: _____

Parent/Guardian: _____

Victim Bite/Exposure Information:

Date of Incident: _____

Bite Scratch Other: _____

(circle one)

Which area(s) of body: _____

Address where bite occurred (provide complete address): _____

Victim Medical Treatment:

Date of treatment: _____

Where did treatment occur (Name of hospital /Urgent care/Physician)? _____

Phone: _____

Type of Treatment: _____

Was post-exposure vaccine given?: Yes No

Animal Owner Information:

Name: _____

Street Address: _____

C/S/Z _____

Phone: _____

Animal Information:

Type of animal: _____

Animal name: _____

Breed: _____ Sex: _____

Color: _____

Location of confinement: _____

Current Rabies at time of bite: Yes No

Vet Name: _____

Vet Phone: _____

Date of Rabies Vaccine: _____ Tag# _____

Comments
