



Public Health
Prevent. Promote. Protect.
Geauga Public Health

ANIMAL BITE/EXPOSURE REPORT

Geauga Public Health

(Bite/exposure must have occurred in Geauga County)
All animal bites must be reported within 24 hours.

Phone: 440-279-1950

Fax: 440-285-7720

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 (if victim was a minor):

Phone number: _____

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

