

ANIMAL BITE INTAKE REPORT

Pursuant to Ohio Administrative Code 3701-3-28, this report must be faxed within 24 hours to the Health District where the bite occurred. City of Middletown Health Department Fax:513-425-7852, Phone: 513-425-1818.

To be completed by treating facility:		Physician:
Facility name:		City:
Address:		Phone number:
State:	Zip code:	
Rabies post exposure treatment started: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Victim (please provide as much information as possible):

Date of injury:	Location of injury:	
Incident address/location:		
Circumstances of incident:		
Victim name:		Age:
Victim address:		
City:	State:	Zip code:
Phone number:	Email:	
Parent/guardian name (if minor):		
Parent/guardian address (if different):		
Phone number (if different):		

Animal (please provide as much information as possible):

Animal type: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Raccoon <input type="checkbox"/> Other <input type="checkbox"/>		Stray/Wild: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Animal name:	Breed:	Color:	
Owner name:			
Owner address:			Same as victim <input type="checkbox"/>
City:	State:	Zip code:	
Phone number:	Email:		
Current rabies vaccination: Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Rabies tag #:		
Veterinarian:	City:	State:	
Location of animal: Owner's Home <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Shelter:	Other <input type="checkbox"/>		
Other address:			