

ANIMAL INCIDENT REPORT

Health Department Fax Numbers

Gallia Co. 740-441-2963

Athens Co. 740-594-2370

Vinton Co. 740-596-5837

Jackson Co. 740- 286-8809

Meigs Co. 740-992-0836

Hocking Co. 740-385-2252

Person/Agency Reporting: _____

Report Date: _____ Person/Agency's Phone: _____

Report Time: _____ Staff Reporting Incident: _____

Victim's Name: _____

Date of Bite: _____

Address: _____

Time of Bite: _____

Phone: _____ Age: _____

Parent/Guardian: _____

Alternate Phone: _____

(If applicable)

Township: _____

Site of Bite: _____

Treatment: _____

Doctor: _____

Phone: _____

Owner of Animal: _____ Phone: _____ Alternate Phone _____

Owner's Address: _____ Address animal can be found: _____

(if different than owner's)

Type of Animal: Dog / Cat / Other Breed: _____ Name: _____

Disposition: _____ Sex: M / F Age: _____ Color: _____

Animal Immunized? Y / N Expiration Date: _____ Veterinarian: _____

County Bite occurred: _____
(FAX REPORT TO COUNTY WHERE BITE OCURRED-FAX NUMBERS AT TOP OF FORM)

Place (Location) bite occurred: _____

OFFICE USE ONLY

To be completed by Investigating Sanitarian.

Investigating Sanitarian: _____ Date Received: _____

Dog Warden Contacted? Y / N

Rabies Vaccine Verified? Y / N

Spoke to Who: _____ Date: _____

Circumstances Preceding Bite: _____

Recommendations to Victim: _____

Quarantine Order Issued to: _____ Date: _____

Method of Quarantine: Home / Veterinarian / Shelter / Other _____

Disposition: _____ Date Released: _____

Rabies Vaccination Order Issued to _____ Date: _____

Post-exposure Rabies prophylaxis series began? _____

Additional Comments: _____

OFFICE USE ONLY

To be completed by Investigator.

Owner of Animal: _____

Address: _____

Additional Comments: _____
