



Health District

# Animal Bite / Exposure Report

(Must have occurred in Geauga County)  
All Animal Bites must be reported within twenty-four hours to the Geauga County Health District

<p><b><u>VICTIM INFORMATION:</u></b></p> <p>Name: _____</p> <p>Age: _____ Sex: M ___ F ___</p> <p>Address: _____</p> <p>City/Twp: _____ Zip: _____</p> <p>Phone #: _____</p> <p>Parent/Guardian: _____ (if minor)</p> <p><b><u>VICTIM BITE/EXPOSURE INFORMATION:</u></b></p> <p>Date: _____</p> <p>Bite ___ Scratch ___ Other (specify) _____ (circle one)</p> <p>Area of body: _____</p> <p>Occurred at: Street _____</p> <p>City/Twp _____ Zip _____</p> <p><b><u>VICTIM MEDICAL TREATMENT:</u></b></p> <p>Date of treatment: _____</p> <p>Type of treatment: _____</p> <p>Health Facility: _____</p> <p>Physician name: _____</p> <p>Anti-rabies treatment given to victim? Yes ___ No ___ Unknown ___</p>	<p><b><u>ANIMAL OWNER INFORMATION:</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/Twp: _____ Zip: _____</p> <p>Phone #: _____</p> <p><b><u>ANIMAL INFORMATION:</u></b></p> <p>Dog: ___ Cat: ___</p> <p>Name of animal: _____</p> <p>Breed: _____ Male: ___ Female: ___</p> <p>Color / Markings: _____</p> <p>Location where animal will be confined: _____</p> <p>Bat ___ Raccoon ___ Ferret ___ Skunk ___</p> <p>Rodent ___ Wolf hybrid ___ Livestock ___</p> <p>Other (specify) _____</p> <p><b><u>ANIMAL VACCINATION INFORMATION:</u></b></p> <p>Current Rabies Vaccination? Yes ___ No ___</p> <p>Date of Rabies Vaccination: _____</p> <p>Tag # _____ 1 yr ___ 3 yr ___</p> <p>Vaccinated by: _____</p> <p>Address: _____</p> <p>City/Twp: _____ Zip: _____</p> <p>Phone #: _____</p>
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Above completed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to victim: Self or Family \_\_\_ Owner \_\_\_ Dog Warden \_\_\_ Police/Sheriff \_\_\_ Physician \_\_\_ Urgent Care/ER \_\_\_  
(Circle one)

<b>HEALTH DISTRICT USE ONLY</b>	
Was animal tested? Yes ___ No ___	Rabies vaccine verified: _____
Lab Results: Yes ___ No ___	Confinement orders sent _____ via _____
<b>NOTES:</b> _____	
_____	
_____	
_____	