



Animal Bite Report

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

Date of Incident: _____ Date Reported (if different): _____

Street Address & Township where bite occurred: _____

Name of Person Bitten: _____ Age: _____

Parent's Name (if minor): _____

Address: _____

City, State, Zip: _____ Phone: _____

Location of bite on body: _____ Treatment for bite: _____

PERSON MAKING THIS REPORT Victim Humane Society Emerg Room

Other, specify: _____ Phone # _____

DETAILS OF ANIMAL: Dog Cat Wildlife (specify) _____

Is Victim/Family also the Pet Owner? Yes / No ← (Circle one)

IF the Victim is not the Pet Owner - Please provide the following information

Owner Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Does the pet have a current rabies vaccination? Yes / No Date _____ Tag# _____

Name of DVM: _____ Phone: _____

Pet's name & breed: _____

Where is the animal confined Owner's home? Kennel? Other (specify) _____

(OFFICE USE ONLY BELOW THIS LINE)

Date Rec'd _____ Victim/Family Pet Owner Dog Warden

Vet called/faxed _____ Vaccine given _____ 1 yr 3 yr Confinement orders sent _____

NOTES: _____

470 Center Street, Bldg #8 • Chardon, Ohio 44024
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