

Perry County Health Department

409 Lincoln Park Drive, PO Box 230 New Lexington, OH 43764 Ph. 740.342.5179

Fax: 740.342.5540 perrycountyhealth.info

Animal Bite Intake Form

Rabies	Monitoring	Program
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Incident Details (Please complete as much information as possible)

Ohio Administrative Code 3701-3-28 states: "Whenever a person is bitten by a dog or other mammal, report of such bite shall be made within 24 hours to the health commissioner of the district in which such bite occurred."

Please fax this report within 24 hours to (740) 342-5540 or email to perrycountyhealthdepartment@perrycountyohio.net

Date of Incident	Date Reported	Date Reported		Reported By			
Received By	How Received		Sanitarian Assigned				
Incident Location Address		Incident City	1	Incident State			
Name of Victim		Incident zip code	ncident zip code		Region (Township or City)		
Address of Victim		Victim Phone #					
Type of Exposure							
Source Animal Information (Biting Animal)							
Animal Species							
□ Dog □ Cat □ Ferret							
Domestic or Wild	Breed	Animal's Name					
Location of Animal Now Stray Animal Yes No							
Do you believe the animal was vaccinated for rabies?		Rabies Tag Number (if known)		Vaccine Exp. Date			
□ Yes □ No							
Veterinarian/Clinic (if known)							
Source Animal Owner/Homeowner Information (If the animal owner is not known, please indicate the address section where the injury occurred, i.e. street or nearest intersection)							
Owner's Name							
Address		City		State	Zip Code		
Home Phone Number		Work Phone Number		Cell Phone Number			

