



# SANDUSKY COUNTY PUBLIC HEALTH

## ANIMAL BITE REPORT

### PATIENT INFORMATION

BITE ID # \_\_\_\_\_

DATE REPORTED \_\_\_\_\_ REPORTED BY \_\_\_\_\_  
DATE OF BITE \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_  
PATIENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_  
IF MINOR, PARENT'S NAME \_\_\_\_\_

ADDRESS OF PATIENT                      Street                      City                      Zip                      County  
\*\*\*\*\*

ATTENDING PHYSICIAN'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
LOCATION OF BITE (Part of Body) \_\_\_\_\_  
SIZE OF WOUND \_\_\_\_\_  
WERE STICHES REQUIRED?                      YES \_\_\_\_\_                      NO \_\_\_\_\_  
\*\*\*\*\*

### **\*ANIMAL INFORMATION\***

KIND OF ANIMAL \_\_\_\_\_ DESCRIPTION OF ANIMAL \_\_\_\_\_  
NAME OF ANIMAL \_\_\_\_\_ SEX OF ANIMAL \_\_\_\_\_  
OWNER'S NAME \_\_\_\_\_ **DOB** \_\_\_\_\_

ADDRESS OF OWNER                      Street                      City                      Zip                      County  
PHONE \_\_\_\_\_  
\*\*\*\*\*

INVESTIGATOR \_\_\_\_\_ CALL DATE \_\_\_\_\_  
PLACE OF QUARANTINE \_\_\_\_\_  
VETERINARIAN'S DIAGNOSIS \_\_\_\_\_  
RABIES SHOTS: YES \_\_\_\_\_ NO \_\_\_\_\_                      VACCINATION DATE \_\_\_\_\_  
ANIMAL TESTED FOR RABIES: YES \_\_\_\_\_ NO \_\_\_\_\_                      RESULTS: POSITIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_  
CIRCUMSTANCES OF BITE \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_