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[www.henrycohd.org](http://www.henrycohd.org)

Anne Goon, MS, RD, LD, Health Commissioner

## ANIMAL BITE/EXPOSURE REPORT

Complete report and return to the Henry County Health Department

Date of bite: \_\_\_\_\_

Person completing report: \_\_\_\_\_ Phone #: \_\_\_\_\_

### OWNER

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
(Issued by Health Dept.)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ P.S.: \_\_\_\_\_  
(Issued by Health Dept.)

### VICTIM

Name of person bitten: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Exposure:  Bitten  Scratched  Other: \_\_\_\_\_

Bite location & severity: \_\_\_\_\_

Was person treated by a doctor for injuries?  Yes  No

Vaccines given to victim?  Yes: \_\_\_\_\_  No

Hospital/Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### ANIMAL

Animal owned:  Yes  No Animal species:  Dog  Cat  Other

Animal color: \_\_\_\_\_ Animal name: \_\_\_\_\_

Breed: \_\_\_\_\_ Mixed Breed?  Yes  No

Veterinarian: \_\_\_\_\_ Vet's phone: \_\_\_\_\_

Place of confinement: \_\_\_\_\_

Animal immunized at time of bite?  Yes  No  Unknown **Date Immunized** \_\_\_\_\_