



1843 Oakwood Avenue  
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[www.henrycohd.org](http://www.henrycohd.org)

## ANIMAL BITE / EXPOSURE REPORT

Return Completed Report by fax (419) 592-6400 or email to [env@henrycohd.org](mailto:env@henrycohd.org)

Date of Bite	Person completing this report	Phone
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### Who owns the animal that caused the injury?

Name of animal owner	<input type="checkbox"/> Do not know	Phone
Address: Street & number or PO Box / Mailing City / Zip code		

### What is known about the animal that caused this injury?

<input type="checkbox"/> Dog, Breed _____	<input type="checkbox"/> Mixed Breed	<input type="checkbox"/> Cat	<input type="checkbox"/> Other _____
Is the animal current on Rabies Vaccination?		Animal Name	Animal Color(s)
<input type="checkbox"/> Yes, Date Immunized _____		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Veterinarian:		Veterinarian Phone::	
Where is the animal being confined?			
<input type="checkbox"/> Home of the owner <input type="checkbox"/> Other location (specify): _____			

### Who is the bite victim and what happened?

Name of person bitten	Age	Phone
Address: Street & number or PO Box / Mailing City / Zip code		
Name of Parent or Guardian	Phone	
<input type="checkbox"/> NA		
Where was the victim when the incident occurred? Describe what happened	The victim was	
	<input type="checkbox"/> Bitten <input type="checkbox"/> Scratched <input type="checkbox"/> Other: _____	
What part of the body was wounded?		
<input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Foot <input type="checkbox"/> Face <input type="checkbox"/> Other: _____		
Name of Hospital / Clinic or other facility that provided wound care	Phone	
Has the victim started rabies post-exposure vaccine? <input type="checkbox"/> Yes, Date started _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		

Revised 3/2019