Summit County Public Health

1867 W. Market St. Akron, OH 44313
Phone: (330)926-5600 Fax: (330)923-6436

ANIMAL BITE / EXPOSURE REPORT

Ohio Administrative Code 3701-3-28 requires: Whenever a person is bitten by a dog or other mammal, report of such bite shall be made within **twenty-four (24) hours** to the health commissioner of the district in which such bite occurred…

COMPLETE AND FAX TO (330)923-6436 OR EMAIL TO rabies@schd.org WITHIN 24 HOURS

VICTIM INFORMATION

Name: _____
Age: _____ Gender: ☐ Male ☐ Female
Address: _____
City: _____ Zip: _____
Daytime Phone: _____
Parent/Guardian: _____
Email:_____

VICTIM BITE/EXPOSURE INFORMATION

Date: _____ Time: _____ AM/PM
Area of Body: _____
Occurred at: Street _____
City _____ ZIP____
Was this a bite? ☐ Yes ☐ No
Was the skin broken? ☐ Yes ☐ No
Did the exposure occur on the owner's property? ☐ Yes ☐ No
Circumstances: Unprovoked ☐ Provoked ☐
Playful ☐ Sick ☐ Hurt ☐ Vicious ☐

ANIMAL OWNER INFORMATION

Name: _____
Address: _____
_____
City: _____ Zip: _____
Daytime Phone: _____
Email: _____

ANIMAL INFORMATION

Dog ☐ Cat ☐ Bat ☐ Raccoon ☐
Ferret ☐ Skunk ☐ Rodent ☐ Coyote ☐
Fox ☐ Livestock ☐ Other _____
Name of Animal: _____
Breed: _____ Gender: M/F
Color/Markings: _____
Condition of Animal: Well ☐ Sick ☐ Dead ☐
Animal retained by: _____

ANIMAL VACCINATION INFORMATION

Date of Rabies Vaccination:
Tag #: _____ 1 yr ☐ 3 yr ☐
Vaccinated by: _____
City: _____ Zip: _____

To Be Completed by Reporting Facility	
Reported By: *(Name of Clinic / Hospital)*	Contact Phone Number:
Medical Treatment: ☐ Yes ☐ No Date of treatment: _____	Treatment Provided By: *(Physician's Name)*
Type of Injury: ☐ Bite ☐ Other Exposure Was Skin Broken: ☐ Yes ☐ No If Yes: ☐ Puncture ☐ Scratch ☐ Abrasion ☐ Laceration	Anatomical Location of Injury(ies): Rabies Post Exposure Treatment Started: ☐ Yes ☐ No