Public Health
Prevent. Promote. Protect.
Preble County

Preble County General Health District
Animal Bite Report

To be Completed by Health Care Provider

Date Report Received: _____ Date Bite Occurred: _____

Reported by: _____ Phone: _____

Owner of Animal: _____ Phone: _____

Address of Owner: _____

Description of Animal: _____

Name of Animal: _____

Stray: ☐ Rabies Shot: Yes ☐ No ☐ In Custody: Yes ☐ No ☐

Place of Quarantine: _____

Date Current Rabies Imm: _____ Imm. Tag #: _____ 1 year ☐ 2 year ☐ 3 year ☐

Veterinarian: _____ Phone: _____

Name of Patient: _____ Age: ____ Male: ☐ Female: ☐

Parent/Guardian: _____ Phone: _____

Address: _____

Address Where Bitten: _____

Location of Wound (body part): _____

Treated by: _____

For Preble County Public Health Use Only

Date of Visit #1: _____ Date of Visit #2: _____

Remarks:

Date of Animal's Death: _____ Date Sent to Lab: _____ Lab Result: _____