



JEFFERSON COUNTY General Health District

— Prevent. Promote. Protect. —

ANIMAL BITE REPORT

PATIENT INFORMATION:

Name of Patient: _____ Date of Bite: _____
Age: _____ Gender: _____ Race: _____
Address: _____ Phone: _____
City: _____ State: _____
Email: _____

Name of Parent (if Patient is a minor): _____

Address: _____ Email: _____

Date of Treatment: _____

Hospital; Doctor Office, Express Care etc.:

Location on body and nature of injury:

Animal Owner Information: (IF KNOWN)

Name of Owner of Animal: _____

Address: _____ Phone: _____

City: _____ State: _____

Description of Animal: _____

Does the Animal have a County License: YES ___ NO ___ If yes, License Number: _____

Has Animal Been Immunized against Rabies: YES ___ NO ___

If YES, the date of Immunization: _____

IMPORTANT: The above information should be secured whenever possible so the owner can be contacted regarding confinement of the animal.

**PLEASE FAX THIS FORM IMMEDIATELY TO THE HEALTH DEPARTMENT IN THE CITY OR
COUNTY WHERE THE BITE OCCURRED
JCGHD FAX (740) 283-8536**

500 Market Street, 6th Floor, Steubenville, OH 43952 - 740-283-8530 - www.jchealth.com