



PUBLIC HEALTH

11660 Upper Gilchrist Rd., Mount Vernon, OH 43050
740-392-2200 ■ knoxhealth.com

REPORT OF ANIMAL BITE

DATE OF BITE: _____

LOG NUMBER: _____

PERSON BITTEN

Name _____ Age _____

Parent/Guardian _____ Phone _____

Address: _____

BRIEFLY DESCRIBE INJURY AND TREATMENT _____

TREATING PHYSICIAN/FACILITY _____

BITING ANIMAL Dog Cat other (specify) _____
 Owned Stray Wild (specify) _____

ANIMAL DESCRIPTION

Breed _____ Animal Name _____ Animal Color _____

Rabies Vaccination? Yes No Unknown Veterinarian _____

ANIMAL OWNER

Name: _____ Phone#: _____

Address: _____

Report made by: _____ Date: _____

DO NOT WRITE BELOW

KNOX PUBLIC HEALTH'S INVESTIGATION/ACTION

Vaccination verified? Yes Veterinarian: _____ Date: _____
No Tag# _____

Quarantine ordered? Yes Date: _____ Home Kennel Dog Pound Cat Shelter
No

Head submitted to lab? Yes Date: _____ Result: Positive Negative
No

Comments: _____