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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

HEALTH DEPARTMENT INVESTIGATION/ACTION

Vaccination verified? Yes No Veterinarian: _____ Date: _____

Tag# _____

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

No

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

No

Comments: _____