



# ANIMAL BITE/EXPOSURE REPORT

Geauga Public Health (Must have occurred in Geauga County)

All animal bites must be reported within 24 hours

P: 440 279 1926 F: 440 285 4305

<p><b><u>Victim Information:</u></b>  Name: _____  Date: _____  Age: _____ Sex: _____  Address, city/twp, zip: _____  _____  Phone: _____  Parent/Guardian: _____</p> <hr/> <p><b><u>Victim Bite/Exposure Information:</u></b>  Date: _____  Bite Scratch Other: _____  (circle one)  Area of body: _____  Occurred at (full address): _____</p> <hr/> <p><b><u>Victim Medical Treatment:</u></b>  Date of treatment: _____  Type of treatment: _____  Where treated: _____  Provider: _____  Anti-rabies treatment given: Yes No</p>	<p><b><u>Animal Owner Information:</u></b>  Name: _____  Address, city/twp, zip: _____  _____  Phone: _____</p> <hr/> <p><b><u>Animal Information:</u></b>  Type of animal: _____  Animal name: _____  Breed: _____ Sex: _____  Color: _____  Location of confinement: _____</p> <hr/> <p><b><u>Animal Rabies Information:</u></b>  Current rabies vaccine? Yes No  Date of vaccine: _____  Tag# _____</p> <hr/> <p><b><u>Vet information:</u></b>  Vaccinated by: _____  Address: _____  Phone: _____</p>
---	--

Above completed by: \_\_\_\_\_ Phone \_\_\_\_\_

Relation to victim: Self/family owner ER/UC provider warden police/sheriff (circle one)