



ANIMAL BITE INTAKE REPORT

Pursuant to Ohio Administrative Code 3701-3-28, this report MUST BE faxed within 24 hours to the County's Health District where the bite occurred.

A list of Health District fax number is located on the back of this page

To Be Completed by the Treating Facility:

Facility Name:	Physician:
Address:	City:
Zip Code:	Phone Number:
Rabies Post Exposure Treatment Started: <input type="checkbox"/> Yes <input type="checkbox"/> No	

VICTIM (please complete as much information as possible):

Date of Injury:		
Victims Name:		
Victims Address:		
City:	State:	Zip Code:
Phone Number: (home)		(work)
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	E-mail:
Location of Injuries:		
Name of parent/guardian (if minor):		
Address (if different from victim):		
Phone number (if different from victim):		

ANIMAL (please complete as much information as possible):

Animal Type: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Raccoon <input type="checkbox"/> Other :		
Color:	Breed:	Name:
Location of Animal:		Stray: Yes <input type="checkbox"/> No <input type="checkbox"/>
Rabies Tag #:	Veterinarian:	
Owners name:	Owners phone number:	
Owners address:	E-mail:	

ANIMAL BITE REPORT FORM FAX NUMBERS

Butler County	513-863-4372
Clark County	937-390-5500
Clinton County	937-382-7027
Darke County	937-548-9654
Fayette County	740-333-3528
Greene County	937-374-5619
Hamilton County	513-946-7890
Madison County	740-852-5418
Miami County	937-573-3501
Montgomery County	937-496-3070
Preble County	937-456-6382
Warren County	513-695-2941