

Summit County Public Health

1867 West Market Street * Akron, Ohio 44313

(330) 926-5600 * (877) 687-0002 * FAX (330) 923-6436

ANIMAL BITE / EXPOSURE REPORT

COMPLETE AS MUCH AS POSSIBLE AND FAX REPORTS TO (330) 923-6436 WITHIN 24 HOURS

VICTIM INFORMATION:	ANIMAL OWNER INFORMATION:
Name:	Name:
Age: Sex: M F	Address:
Street Address:	CityZip
CityZip	Day Time Phone: (home/work)
Day Phone: Home Work	
Parent /Guardian:	ANIMAL INFORMATION:
	Dog Cat Name of Animal:
VICTIM BITE / EXPOSURE INFORMATION:	Breed: Male Female
Date	Color/Markings:
Area of Body:	Bat Raccoon Ferret Skunk Rodent
Occurred at: Street	Wolf Hybrid Livestock Other (List)
CityZip	Condition of Animal: Well Sick Dead
Circumstances: Unprovoked Provoked	Animal retained by:
Playful Sick Hurt Vicious	
	ANIMAL VACCINATION INFORMATION:
VICTIM MEDICAL TREATMENT:	Date of Rabies Vaccination:
Date of Treatment:N/A	Vaccination #:1 yr 3 yr
Health Facility:	Vaccinated by:
Physician:	Address:
Anti-Rabies Treatment Given: YES NO	CityZip
Above Report Completed by:	Phone
HEATH DISTRICT USE ONLY	
Was animal tested: YES NO	Comments:
Lab Results: POS NEG	
Lab contact name:	
Lab contact phone: 1-614-644-4660	Date Report Completed:
Date victim notified of results:	Sanitarian:
Victim Weight (for PEP only)lbs.	