



# ANIMAL BITE/EXPOSURE REPORT

*Geauga Public Health*

*(Bite/exposure must have occurred in Geauga County)*

All animal bites must be reported within 24 hours

Phone: 440 279 1950

Fax: 440 285 4305

**PLEASE PRINT LEGIBLY**

Date: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Victim (*Circle one*):

Self Family ER/UC physician Dog Warden police/sheriff other: \_\_\_\_\_

<p><b><u>Victim Information:</u></b></p> <p>Name: _____</p> <p>Street Address: _____</p> <p>C/S/Z _____</p> <p>Age: _____ Sex: _____</p> <p>Phone: _____</p> <p>Parent/Guardian (if victim was a minor): _____</p> <p>Phone number: _____</p> <p><b><u>Victim Bite/Exposure Information:</u></b></p> <p>Date of Incident: _____</p> <p>Bite Scratch Other: _____ <i>(circle one)</i></p> <p>Which area(s) of body: _____</p> <p>Address where bite occurred (provide complete address): _____</p> <p>_____</p> <p><b><u>Victim Medical Treatment:</u></b></p> <p>Date of treatment: _____</p> <p>Where did treatment occur (Name of hospital /Urgent care/Physician)? _____</p> <p>_____</p> <p>Phone: _____</p> <p>Type of Treatment: _____</p> <p>Was post-exposure vaccine given?: Yes No</p>	<p><b><u>Animal Owner Information:</u></b></p> <p>Name: _____</p> <p>Street Address: _____</p> <p>C/S/Z _____</p> <p>Phone: _____</p> <hr/> <p><b><u>Animal Information:</u></b></p> <p>Type of animal: _____</p> <p>Animal name; _____</p> <p>Breed: _____ Sex: _____</p> <p>Color: _____</p> <p>Location of confinement: _____</p> <p>Current Rabies at time of bite: Yes No</p> <p>Vet Name: _____</p> <p>Vet Phone: _____</p> <p>Date of Rabies Vaccine: _____ Tag# _____</p> <hr/> <p><b><u>Comments</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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