ANIMAL BITE INTAKE REPORT
Infectious Disease Reporting System (IDRS)
Columbus Public Health & Franklin County Public Health

Ohio Administrative Code 3701-3-28 states: “Whenever a person is bitten by a dog or other mammal, report of such bite shall be made within 24 hours to the health commissioner of the district in which such bite occurred. The report herein required shall be made by any health care provider, or by any licensed doctor of veterinary medicine with knowledge of the bite, or by the individual bitten.”

This document and the information contained herein is a public record and may be released upon request pursuant to R.C. 149.43

TO BE COMPLETED BY THE HUMAN MEDICAL OR VETERINARY MEDICAL FACILITY

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>CLINICIAN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>CITY:</td>
</tr>
<tr>
<td>PHONE#:</td>
<td>ZIP CODE:</td>
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</tbody>
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HUMAN RABIES POST EXPOSURE TREATMENT STARTED? □ NO □ YES

Please complete as much information as possible.

VICTIM (PERSON INJURED)

DATE OF INJURY: ______/_____/_______

VICTIM’S NAME: ____________________________

STREET ADDRESS: __________________________

CITY: __________ STATE: __________ ZIP: ______

PHONE#: (HOME) __________________________ (WORK) __________________________ (CELL) __________________________

SEX: □ MALE □ FEMALE AGE: __________ TYPE OF INJURY: □ BITE □ SCRATCH □ BRUISE □ OTHER

LOCATION OF INJURY(IES) ON BODY: ________________________________________________________________

WAS THE VICTIM INJURED… □ ON THE ANIMAL OWNER’S PROPERTY OR □ OFF THE ANIMAL OWNER’S PROPERTY

PARENT/GUARDIAN (if under 18): ________________________________________________________________

ADDRESS (if different than victim): ________________________________________________________________

PHONE#: ______________________________

ANIMAL

ANIMAL TYPE: □ DOG □ CAT □ FERRET □ BAT □ RACCOON □ SKUNK □ OTHER _____________________________

ANIMAL COLOR: __________________________ BREED: __________________________ ANIMAL NAME: __________________________

WHERE IS THE ANIMAL NOW? ________________________________________________________________

STRAY ANIMAL? □ YES □ NO

DO YOU BELIEVE THE ANIMAL IS VACCINATED FOR RABIES? □ YES □ NO

RABIES TAG # (if known) __________________________ VETERINARIAN/CLINIC: __________________________

OWNER or LOCATION OF ANIMAL

If the animal owner is not known, please indicate in the address section where the injury occurred (i.e. street or nearest intersection)

OWNER’S NAME: ________________________________________________________________

STREET ADDRESS: ________________________________________________________________

CITY: __________ STATE: __________ ZIP: ______

PHONE#: (HOME) __________________________ (WORK) __________________________ (CELL) __________________________

QUESTIONS?
Columbus Public Health (614) 645-6748
Franklin County Public Health (614) 525-3160

IDRS Animal Bite Report
Rev 2/16