

# ANIMAL BITE INTAKE REPORT

Infectious Disease Reporting System (IDRS)  
Columbus Public Health & Franklin County Public Health

PLEASE FAX THIS REPORT WITHIN 24 HOURS TO:  
FAX (614) 525-8890

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 ~~CLINICIAN~~ ~~OR~~ ~~THE~~ ~~CLINIC~~ ~~OR~~ ~~THE~~ ~~CLINIC~~ FACILITY

FACILITY NAME: \_\_\_\_\_ CLINICIAN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ 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#: \_\_\_\_\_

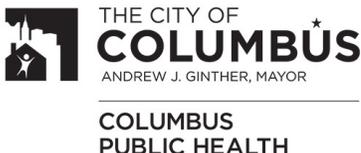
## ANIMAL

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