



Wyandot County General Health District – Animal Bite Report Form

Date Bite Occurred: ___/___/___ Date Reported: ___/___/___
Reported by: ___Patient, ___Physician, ___Veterinarian, ___Other_____

Patient Information:

Name of Patient: _____ Age of Patient: _____
If Minor, Name of Parent: _____
Address of Patient: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____)____-_____ E-Mail: _____

Bite Information:

Location of Bite on Body: _____
Was Medical Treatment Administered: ___Yes, ___No
Did Patient Receive Post Exposure Prophylaxis (Rabies Vaccination)? ___Yes, ___No

Animal Information:

Name of Owner: _____
Address of Owner: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____)____-_____ E-Mail: _____
County of Residence: _____

Kind of Animal: ___Dog, ___Cat, ___Raccoon, ___Bat, ___Other_____
Breed: _____ Color: _____ Sex: ___Male, ___Female
Name: _____ Age: _____

Investigation Report

Date Quarantine Notice Issued: ____/____/____

Place of Quarantine: _____

Date of Final Observation: ____/____/____

Is Animal Currently Vaccinated? ____ Yes, ____ No

Was Rabies Certificate Verified by LHD? ____ Yes, ____ No

Rabies vaccination given by? _____

Licensed Veterinarian? ____ Yes, ____ No

Date Next Vaccination is Due: ____/____/____

Was patient contacted after final observation? ____ Yes, ____ No

If animal was not vaccinated, information was sent to: ____ Dog Warden

____ Sheriff

Date Investigation Completed: ____/____/____ by _____