

ANIMAL BITE REPORT FORM

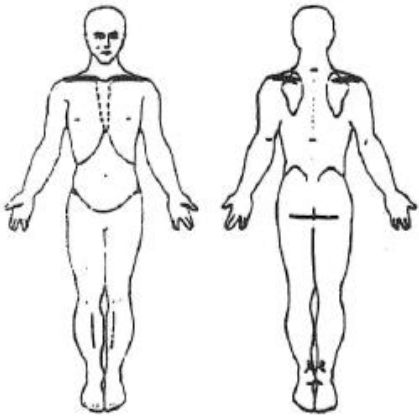
Fax Report to: (330) 675-7875

Trumbull County Combined Health District – 176 Chestnut Ave. NE, Warren, OH 44483 – (330) 675-2489,#3

BITE VICTIM INFORMATION

Name _____ Mailing Address of victim _____ City State & Zip _____
Township _____ Phone _____ Age of victim _____ If under 18, name of guardian _____
Victim's address for the next ten days _____

MARK LOCATION OF WOUND



DETAILS OF BITING INCIDENT - MEDICAL TREATMENT

Incident date _____ Person completing form _____

TYPE OF WOUND

Laceration

Puncture wound

Abrasion

TREATMENT

Sutured

Not sutured

Post-exposure vaccine initiated

WHERE TREATMENT OCCURRED

Trumbull SJHC - Eastland

Northside SJHC - Howland

St. Elizabeth SJHC - Tod

Other _____

Print other location above

Treatment date _____

DETAILS OF ANIMAL - OWNER OF ANIMAL

Owner's name _____ Mailing Address, City, State & Zip _____ Phone _____
Animal type Dog Ferret Cat Other Describe animal _____
Township _____

COUNTY WHERE BITE OCCURRED: _____

POLICE REPORT FILED? YES NO NAME OF POLICE DEPARTMENT _____

HEALTH DEPARTMENT USE ONLY