AUGLAIZE COUNTY HEALTH DEPARTMENT
prevent. promote. protect.

Animal Bite Information Form

Please complete this form and **fax** to us at: (419)738-7818

Date the Bite Occurred:	Email:
Name of Person Bitten:	Person's Age:
Address of Person Bitten:	Phone Number:
Parent's name (if person bitten is a minor):	Post Exposure Prophylaxis (PEP) started: YES NO

Circumstances of the bite: _____

_____

Animal Owner's name:			Animal's Name:	
Owner's Address:			Phone:	
Animal Species (dog, cat, bat):	Breed:	Animal Color:	Size:	Sex:
Email:		If vaccinated, where?		

IF BITE CAME FROM AN ILL OR WILD ANIMAL, REPORT IMMEDIATELY!

NOTE: IF YOU WOULD LIKE THE AUGLAIZE COUNTY DOG WARDEN TO INVESTIGATE A DOG BITE, TO DETERMINE IF THE DOG IS DANGEROUS OR VICIOUS, PLEASE CONTACT THEM @ 419-302-8303

(FOR HEALTH DEPARTMENT USE ONLY)

Date quarantine letter mailed:	Investigating Sanitarian:	Date Animal Observed:

Findings: _____

_____

Vaccination Date:	Vaccination Type (1 or 3 year)	Veterinarian: