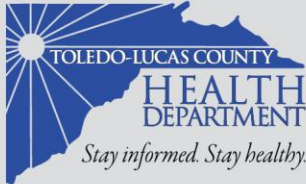


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Health Commissioner

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AN EQUAL OPPORTUNITY EMPLOYER

The Department operates in
accordance with Title VI of the
Civil Rights Act of 1964

Visit us on the web at:
www.lucascountyhealth.com

ANIMAL BITE REPORTING FORM

Please complete as much of this form as possible (please print).
Fax completed form to: 419-213-4141

Date reported (mm/dd/yy) ____ / ____ / ____

Reporting Hospital/Doctor/Agency: _____

Telephone Number (____) _____

Treatment: _____

Patient Information

Date bitten (mm/dd/yy) ____ / ____ / ____

Name of Patient _____

Age of Patient _____

Name of Parents (if under 18) _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

Secondary Contact Number (____) _____

Animal Bite Information

Type of Animal

____ Dog

____ Cat

____ Bat

____ Raccoon

____ Squirrel

____ Other _____

Description of Animal Contact

____ No Skin Break

____ Scratch

____ Bite

____ Other _____

Bite/Scratch Location _____

Bite Circumstances _____

Animal Owner Information

Location/Address Where Bite Occurred:

Name of Animal Owner _____

Owner's SS# ____ - ____ - ____ Owner's DOB ____ / ____ / ____

Owner's Address _____

Owner's Telephone (____) _____

Breed of Animal _____

Name of Pet _____ Color _____

Sex: Male / Female Vaccinated? Yes / No Spayed/Neutered Yes / No

Animal Quarantine Location: Home ____ Pound ____ Vet ____ Other ____

ID # _____