



NOBLE COUNTY

HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ Toll Free: 888-70-NOBLE ~ www.noblecohd.org

ANIMAL BITE INVESTIGATION FORM

OWNER INFORMATION

NAME _____ PHONE _____

ADDRESS _____

DIRECTIONS _____

INCIDENT DESCRIPTION

DATE/TIME OF BITE _____ DATE/TIME REPORTED _____

ADDRESS WHERE BITE OCCURRED _____

CIRCUMSTANCES PRECEDING BITE: _____

WITNESSES: 1. _____ 2. _____

DOES ANIMAL HAVE PREVIOUS BITING RECORD? YES [] NO []

BITE REPORTED BY _____ PHONE _____

Place/Method of QUARANTINE: _____

ANIMAL DESCRIPTION

ANIMAL'S NAME _____ Sex _____ Hair color/length _____

Biting animal species _____ Breed _____

Registration No. _____ Date of Rabies Immunization _____ Tag No. _____

PATIENT INFORMATION

PATIENT'S NAME: _____ AGE _____

PARENT'S (if minor): _____ PHONE _____

ADDRESS _____

ATTENDING PHYSICIAN AND TREATMENT _____

VETERINARIAN'S REPORT

Attending Veterinarian _____ PHONE _____

DIAGNOSIS _____ Exam Dates: INITIAL _____ FINAL _____

Record & Tag No. _____

Veterinarian's Comments:

INVESTIGATION

Investigator _____ Date/Time _____

Remarks _____

Immunization recommendations for patient _____

Immunization received by patient _____

Unusual reactions, complications, comments _____

Dog Warden/Sheriff's Office Notified [] Spoke with _____ Date _____ Initials _____