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**ANIMAL BITE INVESTIGATION FORM**

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address/directions \_\_\_\_\_

DATE/TIME OF BITE \_\_\_\_\_ DATE/TIME REPORTED \_\_\_\_\_

ADDRESS WHERE BITE OCCURRED \_\_\_\_\_

CIRCUMSTANCES PRECEDING BITE \_\_\_\_\_

WITNESSES \_\_\_\_\_

DOES ANIMAL HAVE PREVIOUS BITING RECORD?    yes [ ]    no [ ]

BITE REPORTED BY \_\_\_\_\_ PHONE \_\_\_\_\_

Place/Method of QUARANTINE \_\_\_\_\_

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**ANIMAL DESCRIPTION**

Biting animal species \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Animal's Name \_\_\_\_\_

Hair color/length \_\_\_\_\_ Registration No. \_\_\_\_\_

Date of Rabies Immunization \_\_\_\_\_ Tag No. \_\_\_\_\_

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PATIENT'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_

PARENT'S (if minor): \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ATTENDING PHYSICIAN AND TREATMENT \_\_\_\_\_

\_\_\_\_\_

**VETERINARIAN'S REPORT**

Attending Veterinarian and Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Initial Exam Date \_\_\_\_\_ Final \_\_\_\_\_

Record & Tag No. \_\_\_\_\_

Veterinarian's Comments:

**INVESTIGATION**

Investigator \_\_\_\_\_ Date/Time \_\_\_\_\_

Remarks: \_\_\_\_\_

Immunization recommendations patient \_\_\_\_\_

for

Immunization received by patient \_\_\_\_\_

Unusual reactions, complications, comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_