ANIMAL BITE INTAKE REPORT

Communicable Disease Reporting System (CDRS)
Columbus Public Health & Franklin County Public Health

PLEASE FAX THIS REPORT WITHIN 24 HOURS TO:
FAX (614) 525-8890

Ohio Administrative Code 3701-3-38 states: "Whenever a person is bitten by a dog or other mammal, report of such bite shall be made within 24 hours to the health commissioner of the district in which such bite occurred."

TO BE COMPLETED BY THE TREATING FACILTY

FACILITY NAME: _____ **PHYSICIAN:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

PHONE#: _____ **RABIES POST EXPOSURE TREATMENT STARTED?** ☐ NO ☐ YES

Please complete as much information as possible.

VICTIM (PERSON INJURED)

DATE OF INJURY: _____/_____/_____

VICTIM'S NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE#: (HOME) _____ (WORK) _____ (CELL) _____

SEX: ☐ MALE ☐ FEMALE **AGE:** _____ **TYPE OF INJURY:** ☐ BITE ☐ SCRATCH ☐ BRUISE ☐ OTHER

LOCATION OF INJURY(IES) ON BODY: _____

WAS THE VICTIM INJURED… ☐ ON THE ANIMAL OWNER'S PROPERTY *OR* ☐ OFF THE ANIMAL OWNER'S PROPERTY

PARENT/GUARDIAN (if under 18)**:** _____

ADDRESS (if different than victim)**:** _____ **PHONE#:** _____

ANIMAL

ANIMAL TYPE: ☐ DOG ☐ CAT ☐ FERRET ☐ BAT ☐ RACCOON ☐ SKUNK ☐ OTHER _____

ANIMAL COLOR: _____ **BREED:** _____ **ANIMAL NAME:** _____

WHERE IS THE ANIMAL NOW? _____ **STRAY ANIMAL?** ☐ YES ☐ NO

DO YOU BELIEVE THE ANIMAL IS VACCINATED FOR RABIES? ☐ YES ☐ NO

RABIES TAG # (if known) _____ **VETERINARIAN/CLINIC:** _____

OWNER or LOCATION OF ANIMAL

If the animal owner is not known, please indicate in the address section where the injury occurred (i.e. street or nearest intersection)

OWNER'S NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE#: (HOME) _____ (WORK) _____ (CELL) _____

Franklin County Public Health

Columbus Public Health

QUESTIONS?
Columbus Public Health (614) 645-7288
Franklin County Public Health (614) 525-3160