ANIMAL BITE INTAKE REPORT
Communicable Disease Reporting System (CDRS)
Columbus Public Health & Franklin County Public Health

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 facility

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) ___________________________

QUESTIONS?
Columbus Public Health (614) 645-7288
Franklin County Public Health (614) 525-3160
CDRS Animal Bite Report
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