



Delaware General Health District
Division of Environmental Health

1 West Winter Street, 2nd Floor, P.O. Box 570, Delaware, Ohio 43015 Phone: (740) 368-1700 Fax: (740) 368-1736

Rabies Investigation Animal Bite/Exposure Report
Please fax all Bite/Exposure Reports to: 740-368-1736

Date of Bite/Exposure: _____
(Quarantine begins at time of bite/exposure and lasts 10 day for domestic animals).

Date Reported: _____ Reported by: _____ Report taken by: _____

Animal Information

Type of Animal (Species): _____ (Bat, Cat, Dog, Raccoon, etc.)

Animal Description: Breed: _____ Mixed Breed: Yes No

Name of Animal: _____ Color: _____

Immunized at time of Bite/Exposure: Yes No Date of Immunization: _____ Rabies Tag#: _____

Address where Incident occurred: _____

Veterinarian: _____ Phone: _____

Sent to Lab: Yes No Date Sent to Lab: _____

Owner's Information

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Township: _____ Phone: _____

Victim's Information (Protected Information)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Township: _____ Phone: _____

Age: _____ Guardian (if Victim is under 18): _____

Address of Guardian if different from Victim: _____

Location of Injury or Injuries on Body: _____

Bite/Exposure Information (Protected Information)

Type of Exposure: Bite Scratch Exposure

Treatment received: _____

Treating Facility: _____ Phone: _____

No. of Humans Exposed: _____ No. of Pets Exposed: _____

If Animal Exposure what kind of Animal: Dog Cat Livestock Other: _____