



# Delaware Public Health District Division of Environmental Health

470 S. Sandusky Street, Delaware, Ohio 43015 Phone: (740) 368-1700 | EH@DelawareHealth.org

## Rabies Investigation Animal Bite/Exposure Report

Fax Bite/Exposure Reports to 740-368-1736 or email it to EH@DelawareHealth.org

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: \_\_\_\_\_