Delaware Public Health District
Division of Environmental Health
470 S. Sandusky Street, Delaware, Ohio 43015 Phone: 740-203-2099 | EH@DelawareHealth.org

Rabies Investigation Animal Bite/Exposure Report

Fax Bite/Exposure Reports to 740-368-1736 or email it to Rabies@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: _____ If yes, do you want animal returned to you?* ☐ Yes ☐ No

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:_____

*DPHD does not transport the animal back to the owner/vet.