Portage County Health District
705 Oakwood Street, 2nd Floor, Ravenna, Ohio 44266
PHONE: (330) 296-9919 FAX: (330) 297-3597
www.portagehealth.net

Animal Bite / Exposure Report Form

Complete as much information as possible.

FAX this completed report to (330) 298-4492 WITHIN 24 HOURS

Name of person completing this form:	Facility:	Phone:	Date:

VICTIM INFORMATION

Victim Name:	Age:	Parent/Guardian Name (if victim under 18):	
Street Address:		City:	Zip Code:
Phone #:	Email:	Text Message:	
Date of Bite/Exposure:	Location of Bite/Exposure (Address/Township/City):		
Was Medical Treatment Received? ☐ Yes ☐ No	Type of Medical Treatment Received:		

ANIMAL INFORMATION

Type of Animal: ☐ Pet ☐ Stray ☐ Wild	Animal Species: ☐ Dog ☐ Cat ☐ Other: _____		
Animal Name:	Animal Description (Color/Breed/Markings):		
Where is the Animal Now?	Animal is currently: ☐ Alive & Well ☐ Sick ☐ Dead ☐ Unknown		
Animal Owner Name:	Animal Owner Phone #:		
Animal Owner Street Address:		City:	Zip Code:
Is the animal vaccinated for Rabies? ☐ Yes ☐ No ☐ Unknown	Veterinarian/Clinic (if known):		

COMMENTS:

PORTAGE COUNTY HEALTH DISTRICT USE ONLY

PCHD Case #:	Quarantine End Date: ☐ N/A	ODRS #: ☐ N/A	
Initial Victim Contact Made: ☐ Phone/Email ☐ Home Visit/In Person		Date:	Initials:
Letter & Educational Info Sent to Victim:		Date:	Initials:
PEP Recommended to Victim: ☐ Phone/Email ☐ Home Visit/In Person ☐ N/A		Date:	Initials:
Followed Up With Victim Regarding PEP: ☐ Phone/Email ☐ Home Visit/In Person		Date:	Initials:
Initial Animal Owner Contact Made: ☐ Phone/Email ☐ Home Visit/In Person		Date:	Initials:
Letter & Educational Info Sent to Animal Owner:		Date:	Initials:
Current Vaccination Record Received:		Date:	Initials:
Animal Observed After Quarantine:	Date:	Animal Status:	Initials:
Victim Notified of End of Quarantine Results: ☐ Phone/Email ☐ Home Visit/In Person		Date:	Initials:
Animal Owner Notified of End of Quarantine Results: ☐ Phone/Email ☐ Home Visit/In Person		Date:	Initials:
Specimen Tested by ODH Lab (1-614-644-4105): ☐ N/A	Date Results Received:	Result: ☐ Positive ☐ Negative ☐ Indeterminate	Initials:
Victim Notified of Lab Testing Results: ☐ Phone/Email ☐ Home Visit/In Person		Date:	Initials:
Animal Owner Notified of Lab Testing Results: ☐ Phone/Email ☐ Home Visit/In Person		Date:	Initials:
Bite Reporter Notified of Lab Testing Results: ☐ Phone/Email ☐ Home Visit/In Person		Date:	Initials:
Comments:			