



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

ANIMAL BITE / EXPOSURE REPORT

COMPLETE AS MUCH AS POSSIBLE AND FAX REPORTS TO (330) 297-3597 WITHIN 24 HOURS

<p><u>VICTIM INFORMATION:</u> Name: _____ Age: _____ Sex: M: _____ F: _____ Street Address: _____ City: _____ Zip: _____ Day Phone: _____ Home _____ Work _____ Parent/Guardian: _____</p> <p><u>VICTIM BITE / EXPOSURE INFORMATION:</u> Date: _____ Time: _____ AM / PM Area of Body: _____ Occurred at: Street _____ City _____ Circumstances: Unprovoked _____ Provoked _____ Playful _____ Sick _____ Hurt _____ Vicious _____</p> <p><u>VICTIM MEDICAL TREATMENT:</u> Date of Treatment: _____ N/A _____ Health of Facility: _____ Physician: _____ Post Exposure Treatment Given: YES _____ NO _____</p>	<p><u>ANIMAL OWNER INFORMATION:</u> Name: _____ Address: _____ City: _____ Zip: _____ Day Time Phone: _____ (home/work)</p> <p><u>ANIMAL INFORMATION:</u> Dog _____ Cat _____ Name of Animal: _____ Breed: _____ Male: _____ Female: _____ Color/Markings: _____ Bat _____ Raccoon _____ Ferret _____ Skunk _____ Rodent _____ Wolf Hybrid _____ Livestock _____ Other (list) _____ Condition of Animal: Well _____ Sick _____ Dead _____ Animal retained by: _____</p> <p><u>ANIMAL VACCINATION INFORMATION:</u> Date of Rabies Vaccination: _____ Vaccination #: _____ 1yr _____ 3yr _____ Vaccinated by: _____ Address: _____ City: _____ Zip: _____</p>
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Above Report Completed by: _____ Phone: _____

HEALTH DISTRICT USE ONLY

Was animal tested: YES _____ NO _____	Comments: _____
Lab Results: POS _____ NEG _____	_____
Lab contact name: _____	_____
Lab contact phone: 1-614-644-4105	Notification sent to PCDW: _____
Date victim notified results: _____	Complaint sent to PCDW: _____
Victim Weight (for PEP only) _____ lbs.	