



612 6TH STREET, SUITE D
PORTSMOUTH, OH 45662
P: 740.355.8358
F: 740.354.8623
SCHD@SCIOTOCOUNTY.NET

ANIMAL BITE INVESTIGATION FORM

REPORTED BY: _____

DATE OF BITE: _____

DATE OF TREATMENT: _____

ADDRESS WHERE BITE OCCURRED: _____

PERSON BITTEN: _____ AGE: _____

IF UNDER AGE 18 – PARENT OR GUARDIAN: _____

ADDRESS: _____

PHONE NUMBER: _____ ALT. NUMBER: _____

LOCATION OF BITE ON BODY: _____

EXPOSURE: (*circle all that apply*) Puncture wound / Scratch / Scratch and Puncture Wound / Bruising

POST EXPOSURE PROPHYLAXIS ADMINSTERED: Yes / No

OWNER OF ANIMAL: _____

MAILING ADDRESS OF OWNER: _____

PHONE NUMBER OF OWNER: _____

DESCRIPTION OF ANIMAL

SPECIES: _____ BREED: _____ RABIES VACCINATION CURRENT: Yes / No

ANIMAL NAME: _____ COLOR: _____ SIZE: _____

DOG WARDEN / SHERIFF DEPARTMENT CONTACTED: Yes / No

DESCRIPTION OF INCIDENT: _____

Fax completed form to 740-354-8623.