



4800 Ledgewood Drive, Medina, Ohio 44256

**INFORMATION MUST BE  
REPORTED WITHIN 24 HOURS**

**FAX: (330) 723-9650**

**If you have any questions, please  
call (330) 723-9523**

**[www.medinahhealth.org](http://www.medinahhealth.org)**

### **ANIMAL BITE REPORT**

NOTE: Ohio Administrative Code Rule 3701-3-28 requires that an animal bite be reported to the Health District within **24 hours** of the bite. Please complete this form and FAX or email ([rabies@medinahhealth.org](mailto:rabies@medinahhealth.org)) to the Health Department as soon as possible.

**DATE OF EXPOSURE** \_\_\_\_\_ Information Provided by \_\_\_\_\_

Victim \_\_\_\_\_ Age \_\_\_\_\_ Parent/Guardian Name (If a Minor) \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Type of Exposure (Bite/Scratch/Other) \_\_\_\_\_ Location of Bite on Body \_\_\_\_\_

Medical Care Administered? ☐ Yes ☐ No Date \_\_\_\_\_ Caregiver \_\_\_\_\_

**Circumstances** of Bite/Other Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **➔ PLEASE PROVIDE INFORMATION ON ANIMAL ➔**

Type of Animal: ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_ Sex/Color/Size \_\_\_\_\_

Breed \_\_\_\_\_ Name of Animal \_\_\_\_\_

**ANIMAL OWNER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Animal Owner Email \_\_\_\_\_ (Township/Village/City) \_\_\_\_\_

Has Animal Been Vaccinated for Rabies? ☐ Yes ☐ No Date \_\_\_\_\_ (☐ 1 year/☐ 3 year) TAG# \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

⊙⊙⊙ **Health Department ONLY Use Below This Line** ⊙⊙⊙

**COMMENTS** \_\_\_\_\_

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