PREBLE COUNTY GENERAL HEALTH DISTRICT
ANIMAL BITE REPORT

Date Report: __________________ Date Bite Occurred: __________________

Received: __________________ Reported By: __________________ Phone: __________________

Owner of Animal: __________________ Phone: __________________

Address of Owner: __________________

Description of Animal: __________________ Name of Animal: __________________

License: _______________ Rabies
Stray: _______________ Shot: Yes ___ No ___ In Custody: Yes ___ No ___

Place of Quarantine: __________________

Date Current Imm.
Rabies Imm: _______________ Tag #: _______________ 1 year ___ 2 year ___ 3 year ___

Name/Phone of Veterinarian: __________________

Name of Patient: __________________ Age: ______ M ___ F ___

__________________________ Phone: __________________

Parent/Guardian

Address: __________________

Address Where Bitten: __________________

Location of Wound: __________________

Treated by: __________________

Date of Visit #1: __________________ Date of Visit #2: __________________

Remarks: __________________

__________________________

Date of Animal’s Death: __________________ Date Sent to Lab: __________________

LAB Report Results: __________________