



Public Health  
Prevent. Promote. Protect.

PREBLE COUNTY GENERAL HEALTH DISTRICT  
ANIMAL BITE REPORT

Date Report \_\_\_\_\_ Date Bite \_\_\_\_\_  
 Received: \_\_\_\_\_ Occurred: \_\_\_\_\_  
 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 \_\_\_\_\_ 5 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: \_\_\_\_\_