



Franklin County Public Health
 280 East Broad Street
 Columbus, Ohio 43215-4562
 (614) 525-3160
 www.myfcph.org

Animal Bite Intake Form

Community Environmental Health Program

Ohio Administrative Code 3701-3-28 states: "Whenever a person is bitten by a dog or other mammal, report of such bite shall be made within 24 hours to the health commissioner of the district in which such bite occurred."

Please complete as much information as possible. Please fax this report within 24 hours to (614) 525-8890.

Incident Details

Date of Incident		Date Reported		Reported By	
Received By		How Received		Sanitarian Assigned	
Incident Location Address			Incident City		Incident State
Name of Victim			Incident zip code		Region (Township or City)
Address of Victim			Victim Phone #		
Type of Exposure <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Bruise <input type="checkbox"/> Other					

Source Animal Information (Biting Animal)

Animal Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Bat <input type="checkbox"/> Bite <input type="checkbox"/> Raccoon <input type="checkbox"/> Skunk <input type="checkbox"/> Other _____					
Domestic or Wild		Breed		Animals Name	
Location of Animal Now			Stray Animal <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you believe the animal was vaccinated for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No			Rabies Tag Number (if known)		Vaccine Exp. Date
Veterinarian/Clinic (if known)					

Source Animal Owner/Home Owner Information

If the animal owner is not known, please indicate the address section where the injury occurred (i.e. street or nearest intersection)

Owner's Name				
Address		City	State	Zip Code
Home Phone Number		Work Phone Number	Cell Phone Number	