Monroe County Health Department
118 Home Avenue, Woodsfield, OH 43793
Phone: 740-472-1677 Fax: 740-472-2508

ANIMAL BITE / EXPOSURE REPORT

Ohio Administrative Code 3701-3-28 requires: Whenever an individual is bitten by a dog or other non-human mammal, report of such bite shall be made within twenty-four hours to the health commissioner of the district in which such bite occurred. The report herein required shall be made by any health care provider, or by any licensed doctor of veterinary medicine with knowledge of the bite, or by the individual bitten.

COMPLETE AND FAX TO 740-472-2508 WITHIN 24 HOURS

VICTIM INFORMATION

Name: _____
Age: _____ Gender: _____
Address: _____
City: _____ Zip: _____
Daytime Phone: _____
Parent/Guardian: _____
Email: _____

VICTIM BITE/EXPOSURE INFORMATION

Date: _____ Time: _____ AM / PM
Area of Body: _____
Occurred at: Street: _____
City: _____ ZIP: _____
Was this a bite? ____Yes ____No
Was the skin broken? ____Yes ____No
Did the exposure occur on the owner's property?
____Yes ____No
Circumstances: ___Unprovoked ___Provoked
___Playful ___Sick ___Hurt ___Vicious

ANIMAL OWNER INFORMATION

Name: _____
Address: _____
_____
City: _____ Zip: _____
Daytime Phone: _____
Email: _____

ANIMAL INFORMATION

Dog___ Cat___ Bat___ Racoon___ Ferret___
Skunk___ Rodent___ Coyote___ Fox___
Livestock___ Other_____
Name of Animal: _____
Breed: _____ Gender: M / F
Color/Markings: _____
Condition of Animal: Well___ Sick___ Dead___
Animal retained by: _____

ANIMAL VACCINATION INFORMATION

Date of Rabies Vaccination: _____
Tag #: _____ 1yr____ 3yr____
Vaccinated by: _____
City: _____ Zip:_____

TO BE COMPLETED BY REPORTING FACILITY

Reported By: (Name of Clinic/Hospital) _____
Medical Treatment: Y / N Date of treatment: _____
Type of Injury: ___Bite ___Other Exposure
Was Skin Broken: Y / N
If Yes: ___Puncture ___Scratch
___Abrasion ___Laceration

Contact Phone Number: _____
Treatment Provided By: _____
Anatomical Location of Injury(ies): _____
_____
Rabies Post Exposure Treatment Started: Y / N
Date: _____

Revised 3/26/2024