ANIMAL BITE INVESTIGATION FORM

IMMEDIATELY FAX ALL ANIMAL BITE REPORTS TO:

SIDNEY-SHELBY CO. HEALTH DEPT.  (937) 498-7013
AND
SHELBY COUNTY ANIMAL SHELTER  (937) 498-4591

Date Bite Reported    Date Bitten

Person/Agency Making Report: ________________________________

Person Bitten: ________________________________    Age: ________   Sex: Male    Female

Parent or Guardian (if minor): ________________________________    Phone: __________________________

Address of Victim: ________________________________

What Was Victim Doing When Bitten? ________________________________

Location of Bite on Body: ________________________________    Severity of Bite: Major    Minor

Family Doctor/Emergency Room Doctor: ________________________________    Phone: __________________________

Owner or Harborer: ________________________________    Phone: __________________________

Address: ________________________________

Type and Description of Animal: ________________________________

Animal Vaccinated for Rabies? Y    N  (if yes, date vaccinated): ___________    Vaccination Tag # ___________

Veterinarian: ________________________________    Phone: __________________________

YOUR ANIMAL MUST BE SEEN BY A VETERINARIAN AFTER THE 10TH DAY TO COMPLETE THIS FORM.
RETURN COMPLETED FORM TO: Sidney-Shelby County Health Department, 202 W. Poplar St., Sidney, OH 45365

* * * * * * * * * * THIS SECTION TO BE COMPLETED BY VETERINARIAN * * * * * * * * *

Veterinarian: ________________________________    Phone: __________________________

Address: ________________________________

Date Animal Checked by DVM: ___________    Did Animal Have Signs of Rabies? Y    N

Date of Last Rabies Vaccination: ___________    Rabies Vaccination Tag # ___________

Signature of Veterinarian ________________________________    Date __________________________
REMARKS:

______________________________________________________________

Specimen Submitted to Lab: __________________________
Date

Lab Results Received: __________________________
Date

Results:  □ Positive    □ Negative

INFORMATION FOR RABIES ANALYSIS
(If Required)

NOTIFICATION OF PARTIES

Victim: __________________________
Date Notified  __________________________ Staff

Owner: __________________________
Date Notified  __________________________ Staff

Dog Warden: __________________________
Date Notified  __________________________ Staff

Veterinarian: __________________________
Date Notified  __________________________ Staff