

ANIMAL INCIDENT REPORT

To be completed by care facility staff
(Please print clearly and fill form out completely)



OWNER: (If no owner state exact place and details of bite)

Name: _____

Full Mailing Address: _____

Phone #: _____ Political Subdivision (Twp/City): _____

ANIMAL: () Pet () Wild Animal Police Report Filed? () Y () N Dept.: _____

Species: _____ Breed: _____ Sex of Animal: () M () F

Color: _____ Name of Animal: _____

Current Immunization: () Y () N *If yes:* Name of Vet Clinic: _____

Date of Rabies Vaccine: _____ Rabies Tag No.: _____ Type: () 1yr () 3yr

VICTIM:

Name: _____ Parents Name: _____

Date Exposed: _____ Age: _____

Full Mailing Address: _____

Phone: _____ Body Part Exposed: _____

Circumstances: _____

Treatment Rendered: _____

Physician: _____ Date: _____

-If a domestic animal, the animal must be confined for 10 days in a place of isolation, an enclosure, or place not accessible to other people or animals, starting the day the bite occurred. The Health Department will contact owner and issue a quarantine notice as soon as report is received.

-If a wild animal, if possible the animal must be found and euthanized making sure not to damage the head area. The head must be refrigerated (not frozen) until it can be brought to the Health Department.

-The Health Department does not have the facilities to capture or hold animals.

(Physician: Please Fax to Health Department immediately 419-624-3358)

Rev. July 2015