

**Portage County Health District**

999 East Main Street, Ravenna, Ohio 44266  
PHONE: (330) 296-9919 FAX: (330) 297-3597  
www.portagehealth.net

**Animal Bite / Exposure Report Form**

Complete as much information as possible and submit form by  
email: PCHD@portagehealth.net or FAX: (330) 298-4492

**WITHIN 24 HOURS**

Name of person completing this form:	Facility:	Phone:	Date:
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**VICTIM INFORMATION**

Victim Name:	Age:	Parent/Guardian Name (if victim under 18):	
Street Address:		City:	Zip Code:
Phone #:	Email:	Text Message:	
Date of Bite/Exposure:	Location of Bite/Exposure (Address/Township/City):		
Was Medical Treatment Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Medical Treatment Received:	

**ANIMAL INFORMATION**

Type of Animal: <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Animal Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		
Animal Name:	Animal Description (Color/Breed/Markings):		
Where is the Animal Now?	Animal is currently: <input type="checkbox"/> Alive & Well <input type="checkbox"/> Sick <input type="checkbox"/> Dead <input type="checkbox"/> Unknown		
Animal Owner Name:	Animal Owner Phone #:		
Animal Owner Street Address:	City:	Zip Code:	
Is the animal vaccinated for Rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Veterinarian/Clinic (if known):		

**COMMENTS:****PORTAGE COUNTY HEALTH DISTRICT USE ONLY**

PCHD Case #:	Quarantine End Date:	<input type="checkbox"/> N/A	ODRS #:	<input type="checkbox"/> N/A
Initial Victim Contact Made: <input type="checkbox"/> Phone/Email <input type="checkbox"/> Home Visit/In Person		Date:	Initials:	
Letter & Educational Info Sent to Victim:		Date:	Initials:	
PEP Recommended to Victim: <input type="checkbox"/> Phone/Email <input type="checkbox"/> Home Visit/In Person <input type="checkbox"/> N/A		Date:	Initials:	
Followed Up With Victim Regarding PEP: <input type="checkbox"/> Phone/Email <input type="checkbox"/> Home Visit/In Person		Date:	Initials:	
Initial Animal Owner Contact Made: <input type="checkbox"/> Phone/Email <input type="checkbox"/> Home Visit/In Person		Date:	Initials:	
Letter & Educational Info Sent to Animal Owner:		Date:	Initials:	
Current Vaccination Record Received:		Date:	Initials:	
Animal Observed After Quarantine:	Date:	Animal Status:	Initials:	
Victim Notified of End of Quarantine Results: <input type="checkbox"/> Phone/Email <input type="checkbox"/> Home Visit/In Person		Date:	Initials:	
Animal Owner Notified of End of Quarantine Results: <input type="checkbox"/> Phone/Email <input type="checkbox"/> Home Visit/In Person		Date:	Initials:	
Specimen Tested by ODH Lab (1-614-644-4105): <input type="checkbox"/> N/A	Date Results Received:	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	Initials:	
Victim Notified of Lab Testing Results: <input type="checkbox"/> Phone/Email <input type="checkbox"/> Home Visit/In Person		Date:	Initials:	
Animal Owner Notified of Lab Testing Results: <input type="checkbox"/> Phone/Email <input type="checkbox"/> Home Visit/In Person		Date:	Initials:	
Bite Reporter Notified of Lab Testing Results: <input type="checkbox"/> Phone/Email <input type="checkbox"/> Home Visit/In Person		Date:	Initials:	
Comments:				