



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.

FAX this completed report to (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:

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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
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:

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