



**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**

<b>Name of person completing this form:</b>	<b>Facility:</b>	<b>Phone:</b>	<b>Date:</b>
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VICTIM INFORMATION

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

ANIMAL INFORMATION

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

COMMENTS:

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PORTAGE COUNTY HEALTH DISTRICT USE ONLY

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

Comments:

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