



# Adams County Health Department

**Public Health**  
Prevent. Promote. Protect.

Environmental Health and  
Emergency Preparedness  
923 Sunrise Avenue  
West Union, Ohio 45693  
Phone: (937) 544-5547 extension 103  
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## ANIMAL BITE REPORT

Owner of Animal: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Animal Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Place of Confinement: \_\_\_\_\_ Vaccinated for Rabies: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Victim: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/ Guardian (If Applicable): \_\_\_\_\_

### BITE AND QUARANTINE INFORMATION:

Date of Bite: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sanitarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Ohio Revised Code:

- 1) Animals must be confined by the owner for a 10- day period after a bite incident.
- 2) After the 10-day quarantine a Sanitarian from the Health Department, the Dog Warden or a Veterinarian will need to inspect the animal to ensure that it is healthy.
- 3) Proof of Rabies Vaccination will need to be submitted to the Health Department.
- 4) Should the animal die or become ill during the quarantine period, the Health Department should be contacted immediately.

*Together We Care!*