



**Adams County  
Health Department**

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

**Environmental Health and  
Emergency Preparedness**

560 Rice Drive  
West Union, Ohio 45693  
Phone: (937) 544-5547  
Fax: (937) 544-3035

**ANIMAL BITE REPORT**

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

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

**Animal Species:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **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:** \_\_\_\_\_

**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.

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

\_\_\_\_\_

\_\_\_\_\_

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

*Together We Care!*