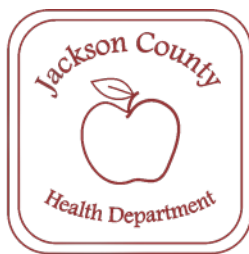


Board of Health
Keith Woolum, President
Kevin O'Day, Vice President



Board Members:
Marvin Payne Megan Malone
Gregory P. Hawker, M.D.

Jackson County Health Department

Kevin Edward Aston, M.P.H., Health Commissioner • Jill Ann Neff, D.O., Medical Director

ANIMAL BITE/EXPOSURE REPORTING FORM

Victim Info

Victim First Name: _____ Last Name: _____

Parent or Legal Guardian (if applicable): _____

Address: _____ City/State/Zip: _____

Phone #: _____ Date of Birth: _____ Age: _____

Circumstances: BITTEN / SCRATCHED / EXPOSURE / OTHER: _____

Location on body: _____ Exposure Date: _____

Reported by: _____

Animal Info

Date Reported: _____ Animal Owned: Y / N

Veterinarian: _____ Phone #: _____

Animal Name: _____ Species: _____

Color: _____ Breed: _____ Mix: Y / N

Sex: M / F _____ Neutered/Spayed: Y / N

Vaccinations UTD at time of bite: Y / N _____ Date Administered: _____

Dog License #: _____ Rabies Tag #: _____

Owner First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Phone #: _____

Under authority of the Ohio Administrative Code 3701.3.28-30 and section 1-9 of the Jackson County Rabies Regulations; the owner of the animal must CONFINE SECURELY and SEGREGATE this animal for a minimum of 10 days from the date of the exposure or bite occurred.