

**BOARD OF HEALTH  
BELMONT COUNTY GENERAL HEALTH DISTRICT**

68501 Bannock Road • St. Clairsville, Ohio 43950 • Phone (740) 695-1202 • Fax (740) 695-8890  
www.BelmontCountyHealth.com

**ANIMAL BITE REPORT FORM**

**Date of Report:** \_\_\_\_\_ **Reported by:** \_\_\_\_\_

**Name of Person Bitten:** \_\_\_\_\_

**Parent or Guardian (if a minor):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Attending Physician/Hospital:** \_\_\_\_\_

**Date Bite Occurred:** \_\_\_\_\_ **Location of Incident:** \_\_\_\_\_

**Type of Animal:** DOG CAT OTHER: \_\_\_\_\_ **Animal Name:** \_\_\_\_\_

**Animal Description and Breed:** \_\_\_\_\_

**Character of Symptoms:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Investigation Report:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Signature:** \_\_\_\_\_