

**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](http://www.BelmontCountyHealth.com)



**ANIMAL BITE REPORT FORM**

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

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

Parent or Guardian (if 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 #: \_\_\_\_\_

Investigative Report: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_