ANIMAL BITE REPORT FORM

Fax Report to: (330) 675-7875

Trumbull County Combined Health District – 194 W. Main St., Cortland, OH 44410 – (330) 675-2489,#3

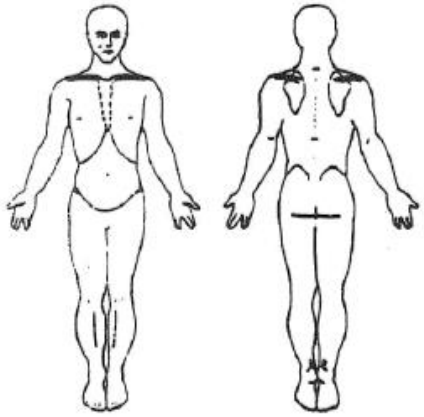
BITE VICTIM INFORMATION

Name _____ Mailing Address of victim _____ City State & Zip _____

Township _____ Phone _____ Age of victim _____ If under 18, name of guardian _____

Victim's address for the next ten days _____

MARK LOCATION OF WOUND



DETAILS OF BITING INCIDENT - MEDICAL TREATMENT

Incident date _____ Person completing form _____

TYPE OF WOUND

- ☐ Laceration
- ☐ Puncture wound
- ☐ Abrasion

TREATMENT

- ☐ Sutured
- ☐ Not sutured
- ☐ Post-exposure vaccine initiated

Treatment date _____

WHERE TREATMENT OCCURRED

- Trumbull ☐
- Northside ☐
- St. Elizabeth ☐
- SJHC - Eastland ☐
- SJHC - Howland ☐
- SJHC - Tod ☐
- Other ☐ _____

Print other location above

DETAILS OF ANIMAL - OWNER OF ANIMAL

Owner's name _____ Mailing Address, City, State & Zip _____ Phone _____

Animal type

- ☐ Dog
- ☐ Cat
- ☐ Ferret
- ☐ Other

Township _____

<=> Describe animal _____

COUNTY WHERE BITE OCCURRED: _____

POLICE REPORT FILED? YES NO **NAME OF POLICE DEPARTMENT** _____

HEALTH DEPARTMENT USE ONLY

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