**ANIMAL BITE/EXPOSURE REPORTING FORM**

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|  | Victim First Name: | Last Name: |
|  | Parent or Legal Guardian (if applicable): |  |
| **Victim Info** | Address: | City/State/Zip: |
| Phone #: | Date of Birth: Age: |
| Circumstances: BITTEN / SCRATCHED / EXPOSURE / OTHER: | |
|  | Location on body: | Exposure Date: |
|  | Reported by: |  |
|  | Date Reported: | Animal Owned: Y / N |
|  | Veterinarian: | Phone #: |
|  | Animal Name: | Species: |
| **Animal Info** | 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.*** | |