



Public Health
Prevent. Promote. Protect.

Board of Health Sidney-Shelby County

202 W. Poplar Street, Sidney, OH 45365

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Health Commissioner

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ANIMAL BITE INVESTIGATION FORM

IMMEDIATELY FAX ALL ANIMAL BITE REPORTS TO:

SIDNEY-SHELBY CO. HEALTH DEPT. (937) 498-7013
AND
SHELBY COUNTY ANIMAL SHELTER (937) 498-4591

HEALTH DEPARTMENT USE ONLY		
Animal Bite # _____	Date Received _____	
From: _____	To: _____	
<i>Quarantine Period</i>		
Date of DVM Report _____	Date Victim Notified _____	Staff _____
<i>Remarks/Rabies Analysis (see back side)</i>		

_____ Date Bite Reported _____ Date Bitten

Person/Agency Making Report: _____

Person Bitten: _____ Age: _____ Sex: Male Female

Parent or Guardian (if minor): _____ Phone: _____

Address of Victim: _____

What Was Victim Doing When Bitten? _____

Location of Bite on Body: _____ Severity of Bite: Major Minor

Family Doctor/Emergency Room Doctor: _____ Phone: _____

Owner or Harborer: _____ Phone: _____

Address: _____

Type and Description of Animal: _____

Animal Vaccinated for Rabies? Y N (if yes, date vaccinated): _____ Vaccination Tag # _____

Veterinarian: _____ Phone: _____

YOUR ANIMAL MUST BE SEEN BY A VETERINARIAN AFTER THE 10TH DAY TO COMPLETE THIS FORM.

RETURN COMPLETED FORM TO: Sidney-Shelby County Health Department, 202 W. Poplar St., Sidney, OH 45365

******* THIS SECTION TO BE COMPLETED BY VETERINARIAN *******

Veterinarian: _____ Phone: _____

Address: _____

Date Animal Checked by DVM: _____ Did Animal Have Signs of Rabies? Y N

Date of Last Rabies Vaccination: _____ Rabies Vaccination Tag # _____

Signature of Veterinarian

Date

