



**Public Health**  
Prevent. Promote. Protect.

# Board of Health Sidney-Shelby County

202 W. Poplar Street, Sidney, OH 45365

Phone: (937) 498-7249  
Fax: (937) 498-7013  
sschd@shelbycountyhealthdept.org  
shelbycountyhealthdept.org

## 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 Harbore: \_\_\_\_\_ 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 10<sup>TH</sup> 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

**REMARKS:**

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**INFORMATION FOR RABIES ANALYSIS**  
(If Required)

Specimen Submitted to Lab: \_\_\_\_\_  
Date

Lab Results Received: \_\_\_\_\_  
Date

**Results:**  Positive  Negative

**NOTIFICATION OF PARTIES**

Victim: \_\_\_\_\_  
Date Notified Staff

Owner: \_\_\_\_\_  
Date Notified Staff

Dog Warden: \_\_\_\_\_  
Date Notified Staff

Veterinarian: \_\_\_\_\_  
Date Notified Staff