

FAX TO 330-262-8433 WITHIN 24 HOURS OF INCIDENT

Complete Form IN FULL - LEGIBLY

Promptly provided, thorough information is crucial to victim assistance and animal control

WAYNE COUNTY HEALTH DEPARTMENT BITE REPORT 330-264-2426

BITE VICTIM INFO

Name _____ Daytime Phone _____
Address _____ Age _____ Parent/Guardian Signature _____

ANIMAL OWNER INFO

Check if Stray/Wild - Unknown/Unowned Daytime Phone _____
Name _____ Address _____

BITE INFO-MEDICAL TREATMENT

Date of Bite _____ Wound Location _____
Injury Severity Minor Serious Serious is temporary/permanent incapacity or disfigurement or acute, prolonged or intractable pain
Medical Treatment Received No Yes Date _____
Treated At _____ By _____

ANIMAL INFORMATION

Kind of Animal _____ Past Problems Yes No
Was Attack Provoked Unprovoked Vicious
Where is Animal Now _____

IF ANIMAL OWNED

Breed _____ Size _____ Color _____ Sex _____
Name _____ Vaccinated for Rabies No Yes
Vet Name _____ Rabies Tag Number _____
Vet Phone _____ Rabies Vaccine Expiry Date _____