



Public Health
Prevent. Promote. Protect.

Tuscarawas County
Health Department

Animal Bite Investigation Form

Patient's name: _____ Phone: _____

If minor, parent's name: _____

Patient's address: _____

Date of bite: _____ Attending physician: _____

Name(s) of other persons bitten: _____

Site of bite and severity: _____

Treatment: _____

Address and time bite occurred: _____

Biting animal species: _____ Breed: _____ Color: _____


Sex: _____ Age: _____ Registration #: _____



Immunization #: _____ Date of rabies immunization: _____


Type of vaccine: _____

Owner's name: _____ Phone: _____

Owner's address: _____

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