

Animal Bite Intake Form

Please Fax This Report Within 24 Hours
(937) 496-3072



Dayton &
Montgomery
County

To Be Completed by the Treating Facility				
Facility Name		Physician		
Address				
City		ZIP		
Phone		Rabies Post-Exposure Treatment Started	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Victim Information							
Date of Injury		Name					
Address							
City		State		ZIP			
Home Phone		Work Phone		Cell Phone			
Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	Age		Injury	<input type="checkbox"/> Bite	<input type="checkbox"/> Scratch
Location of Injuries on Body							
Victim was injured	<input type="checkbox"/> On	<input type="checkbox"/> Off	Animal Owner's Property				
Parent/Guardian Name							
Address <i>If Different from Victim</i>					Phone		

Animal Information						
Animal	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Raccoon	<input type="checkbox"/> Bat	<input type="checkbox"/> Other	
Color		Breed		Name		
Location				Stray	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rabies Tag #		Veterinarian				

Owner Information					
Name		Phone			
Address					
City		State		ZIP	