

ANIMAL BITE / INVESTIGATION FORM

Report ASAP to: **Mercer County-Celina City Health Department**

220 West Livingston Street, B152

Celina, Ohio 45822

Phone: (419) 586 – 3251 / Fax: (419) 586 – 2583 / healthdept@mccchd.org

PERSON BITTEN:

Name _____ Age _____ Date _____

Address _____ Time _____

Phone _____

Are any other people exposed to the biting animal? Yes _____ No _____ If yes, how many? _____

Medical treatment received? Yes _____ No _____ If yes, type of treatment: _____

OWNER OF ANIMAL:

Name _____ Type of animal _____

Address _____ Pet's Name _____

Phone _____ Veterinarian _____

Is the animal currently vaccinated for rabies? Yes _____ No _____ If yes, date of vaccination _____

Has the Mercer County Dog Warden been contacted? _____ Yes _____ No _____

Note: Bites of wild and / or obviously ill animals must be reported immediately.

HEALTH DEPARTMENT USE ONLY:

Date report received _____ Date notice sent to owner _____

Was the animal current on rabies vaccination prior to the bite? _____ Yes _____ No _____

Comments: _____

Date of investigation _____ Investigator _____