



LAWRENCE COUNTY HEALTH DEPARTMENT

2122 So. 8th Street
Ironton, OH 45638
Phone: 740-532-3962
Fax: 740-532-1014



Public Health
Prevent. Promote. Protect.
Lawrence County Health Department

Tony Virgin, MD
Health Commissioner

Jim Meadows, MD
Medical Director

Animal Bite Report Form

Circumstances of Bite or Exposure

Date of Report: ____/____/____

Exposure Date: ____/____/____

Time: _____ ☐ AM ☐ PM

Incident Location: _____

Animal Species: ☐ Dog ☐ Cat ☐ Bat ☐ Raccoon ☐ Other: _____

Animal Description (Breed, Sex, Color, etc.): _____

Exposure Type: ☐ Bite ☐ Scratch ☐ Saliva ☐ Other: _____

Location: ☐ Face/Head ☐ Neck ☐ Torso ☐ Abdomen ☐ Arm ☐ Hand ☐ Leg ☐ Foot ☐ Other: _____

Animal Behavior: ☐ Normal ☐ Abnormal ☐ Unknown **Animal is:** ☐ Pet ☐ Wild Animal ☐ Stray

Current Status of Animal: ☐ Confined ☐ Dead ☐ Unknown **Where Confined? :** _____

Owner of Animal: _____ **Telephone:** (____) _____

Owner's Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Patient Information

First Name: _____ **Last Name:** _____ **MI:** ____ **County:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Phone: (____) _____ **Other Phone:** (____) _____

Sex: ☐ Male ☐ Female **Date of Birth:** ____/____/____ **Age:** _____

Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Pacific Islander

Parent/Guardian Information (If Patient is Minor)

First Name: _____ **Last Name:** _____ **MI:** ____ **Relation:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Phone: (____) _____ **Other Phone:** (____) _____



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Medical Follow-Up Information

Medical Provider: _____ Phone Number: (____) _____

Facility: _____ Fax Number: (____) _____

Address: _____

Date: ____/____/____ Time: _____ ☐ AM ☐ PM By: _____

Treatment: _____

Post-Exposure recommendation algorithm may be found at: <http://www.cdc.gov/rabies/>

Post-Exposure Prophylaxis: ☐ Yes ☐ No

Mfr: _____ Lot#: _____ Site: _____ Date Adm: ____/____/____

Vaccine Name: _____

Patient Hospitalized for Exposure? ☐ Yes ☐ No Hospital: _____

Admission Date: ____/____/____

Did patient die from exposure? ☐ Yes ☐ No Date of Death (if applicable): ____/____/____

If Prophylaxis administered, what arrangements have been made for follow-up vaccine doses? (The Lawrence County Health Department does **NOT** stock Rabies vaccines.) (Payment methods for **non-insured** patients may be available- please contact the Health Department.)

Medical Provider Signature: _____ Date: ____/____/____

Medical Provider to complete as much information as possible. Fax this report of exposure to the Health Department of the county where the animal is located, or patient's county of residence if not known, within 24 hours.