

LICKING COUNTY HEALTH DEPARTMENT
675 Price Road, Newark, OH 43055
ANIMAL BITE INVESTIGATION FORM
Please fax to LCHD within 24 hours: (740) 349-6935
Phone: (740) 349-6535
Email: environmental@lickingcohealth.org

Please complete the entire form to the best of your ability

Date of Bite: _____ Date of Treatment: _____

Address Where Bite Occurred: _____

Form Completed By: _____
Animal Owner: _____
Animal Owner's Address: _____

Animal Owner's Home Phone: _____ Cell Phone: _____

Animal Species: _____ Animal Color: _____
Breed: _____ Stray Animal? Y or N
Animal Name: _____
Veterinarian: _____ Vet's Phone: _____
Place of Confinement (i.e. Home, LC Animal Shelter, Vet's office, etc.): _____

Animal Immunized at time of bite: Y or N Date Imm.: _____

Person Bitten: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____
Address: _____
Parent's Name (if victim is a minor): _____

Location of Bite on Body: _____
Circle One: BITE SCRATCH
Hospital/Physician: _____
Hospital/Physician Phone: _____
Rabies Prophylaxis Provided to Patient? Y or N