

Butler County Health Department
Animal Bite Report Form

Inspector: _____
Date of Bite: _____ Type/Species: _____
Date Reported: _____ Reported By: _____

VICTIM INFORMATION

Name: _____ Phone#: _____
Address: _____ Age: _____
Guardian _____

Event Type: Bite Non-Bite Other

Address Where Incident Occured: _____

Part of Body Injured: _____

Physician/Hospital: _____

Post Exposure Phophylaxis received? YES NO

ANIMAL INFORMATION

Owner's Name: _____ Phone#: _____
Address: _____ City/Township: _____

Breed/Description: _____

Comments:

Date of Animals Death: _____ Date Sent to Lab: _____ Lab Report Results: _____