



KENT CITY HEALTH DEPARTMENT

414 East Main Street P.O. Box 5192
Kent, Ohio 44240

Phone: 330-678-8109
Fax: 330-678-2082

ANIMAL BITE REPORT

Reported By _____ Person Reporting: _____
(Agency): _____

Phone: _____ Date Reported: _____ Date of Bite: _____

Where in the City of Kent did bite occur? *Please Specify Location:*

(Report bite to Health Department jurisdiction where bite occurred.)

Person Bitten: _____ Phone: _____

Date of Birth: _____ Sex: _____ Alternate Phone: _____

Address: _____

Part of body bitten: _____ Puncture: _____ Laceration: _____

Treating Facility: _____ Post-exposure vaccine started? Y / N

Treatment Received: _____

Kind of Animal: Dog: _____ Cat: _____ Ferret: _____ Other: _____

Breed: _____ Sex: _____ Age: _____

Animal Owner: _____ Phone: _____

Address: _____

Date of Animal's Rabies Vaccine: _____ Vet: _____

Explain Bite Incident: _____

Remarks: _____