



# KENT CITY HEALTH DEPARTMENT



201-G East Erie Street  
(Kent Central Gateway 2<sup>nd</sup> Floor SW Entrance)  
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 (must be completed):*

\_\_\_\_\_  
*(Report bite to Health Department jurisdiction where bite occurred.)*

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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: \_\_\_\_\_

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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: \_\_\_\_\_