



**ANIMAL BITE or EXPOSURE / INVESTIGATION FORM**

Report ASAP to: **Mercer County Health District**

220 West Livingston Street, B152

Celina, Ohio 45822

Phone: (419) 586 – 3251 / Fax: (419) 586 – 8728 / healthdistrict@mchdohio.org

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**PERSON BITTEN / INJURED:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of injury \_\_\_\_\_

Address \_\_\_\_\_ Time \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Parent name: \_\_\_\_\_

Are any other people exposed to the biting animal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Medical treatment received? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, type of treatment: \_\_\_\_\_

Location of bite or scratch (on body) \_\_\_\_\_

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**OWNER OF ANIMAL:**

Name \_\_\_\_\_ Type of animal \_\_\_\_\_

Description of animal (color, size, sex) \_\_\_\_\_

Address \_\_\_\_\_ Pet's Name \_\_\_\_\_

\_\_\_\_\_ Veterinarian \_\_\_\_\_

Phone \_\_\_\_\_

Is the animal currently vaccinated for rabies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of vaccination \_\_\_\_\_

Has the Mercer County Dog Warden been contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: Bites of wild and / or obviously ill animals must be reported immediately.**

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**HEALTH DEPARTMENT USE ONLY:**

Date report received \_\_\_\_\_ Date notice sent to owner \_\_\_\_\_

Was the animal current on rabies vaccination prior to the bite? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of investigation \_\_\_\_\_ Investigator \_\_\_\_\_