

Mammal Bite Report Form

Environmental Health Division

Rabies Line: (513) 946-7800



**HAMILTON COUNTY
PUBLIC HEALTH**

1701 Patricia McCollum Way, Dept. 93
Cincinnati, Ohio 45237 | hcph.org

Please print. Form must be as complete as possible. Contact Hamilton County Public Health immediately if additional or missing information is acquired after the form has been submitted.

Fax or send form via email: (513) 946-7891 or hcphecustserv@hamilton-co.org

Attn: Mammal Bite / Env

Date of Bite: _____ Date Reported: _____

Reported By: _____

Victim Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Victim's Age: _____

Parents Name (if minor): _____

Part of Body Injured: _____ Type of Injury: Bite Scratch Exposure

Physician or Hospital Treating Victim: _____

Has victim received rabies treatment? Yes ☐ No ☐ Animal Exposure(s)? _____

Township, Village, City where bite took place: _____

Mammal Information:

Owner's Name: _____ Phone: _____

Address: _____ Jurisdiction: _____

City: _____ State: _____ Zip: _____

Description of Mammal:

Breed: _____ Color: _____ Sex: _____

Neutered / Spayed: _____ Name: _____ Age: _____

Was the mammal taken to an Animal Shelter: Yes ☐ No ☐

(If an animal is taken to a Shelter, it is important to notify the shelter that the animal was involved in a bite incident so that it can be monitored.