

PLEASE PRINT



FAX COMPLETED REPORTS TO:
(216)348-7359

ANIMAL BITE REPORT

Copies of this report are to be forwarded to the Dog Warden at 2690 W 7th Street, Cleveland, Ohio 44113 as well as the Cleveland Department of Public Health, Division of Environment 75 Erieview, Cleveland, Ohio 44115(ONLY if the Animal and its Owner reside in the City of Cleveland. If the owner does NOT live in the City of Cleveland report this incident to the appropriate local Health District.

TODAY'S DATE: _____

PERSON BITTEN		
_____ , _____		
Last Name	Fist Name	
_____	_____	
Street Number	Street Address	
_____	_____	
City	State	Zip
_____	_____	_____
Date of Birth	Age at time of Bite	
_____	_____	
Home Phone	Cell Phone	Work Phone
_____	_____	_____

BITE AND TREATMENT	
_____	_____ <input type="checkbox"/> A. M. <input type="checkbox"/> P.M.
Date Bitten	Time Bitten
Bitten <input type="checkbox"/>	Scratched <input type="checkbox"/>

Body Part Bitten/Scratched	

Address where bite occurred	
Was Victim Administered PET? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Treatment	

ANIMAL INFORMATION			
Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____			
_____	_____	_____	_____
Animal Age	Animal Breed	Animal Color	Animal Name
Animal Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown			
Animal Was <input type="checkbox"/> Leashed <input type="checkbox"/> Fenced <input type="checkbox"/> Unleashed			
_____		_____	
Date of Rabies Vaccination		Rabies Tag Number	
Is Rabies Vaccination Current <input type="checkbox"/> Yes <input type="checkbox"/> No			

ANIMAL OWNER INFORMATION		
_____ , _____		
Last Name	Fist Name	
_____	_____	
Street Number	Street Address	
_____	_____	
City	State	Zip
_____	_____	_____
Home Phone	Cell Phone	Work Phone
_____	_____	_____
Did victim get information regarding liability insurance of attacking animal? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what company _____ Policy Number _____		

HUMAN MEDICAL FACILITATOR	
_____	_____
HOSPITAL	PHYSICIAN
_____	_____
HOSPITAL ADDRESS	PHONE NUMBER

ANIMAL MEDICAL FACILITATOR	
_____	_____
HOSPITAL	VETRENARIAN
_____	_____
HOSPITAL ADDRESS	PHONE NUMBER

- | INSTURCTIONS TO PERSON BITTEN |
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| <ol style="list-style-type: none"> 1. Seek medical attention as soon as possible 2. To protect your health, the name and address of the animal owner should be provided in this report. 3. If you do not know the owner of the dog, obtain this information as soon as possible and report it to the Police Department of your City of Village, if the owner of the dog resides within the City of Cleveland report it to the Cleveland Dog Wardens office at 216-664-3069. |