

BITE INCIDENT REPORTING FORM



Today's Date: _____

Person Reporting Bite: _____ Telephone: _____

VICTIM INFORMATION

Name: _____ Age: _____

If under the age of 18, Parent or Guardian Name: _____

Address: _____ Phone: (____) _____

Date, Time & Address bite occurred: _____

Circumstances surrounding bite: _____

Location of bite on person: _____

OWNER OF BITING ANIMAL

The Union County Health Department works with the owner. Please complete this section accurately.

Animals are not removed from their home or labeled "vicious" by UCHD.

Name: _____ Address: _____

Phone: (____) _____ City: _____ Zip: _____

Animal Species: _____ Breed: _____ Color: _____

Animals Name: _____ Animal Immunized: YES NO Unknown

Veterinarian's Office _____ (circle one)

Please return to:

**Union County Health Department
940 London Avenue, Ste 1100
Marysville, OH 43040**

**Fax: (937) 645-3047
melissa.henry@uchd.net**