Butler County Health Department
Animal Bite Report Form

Inspector: ______
Date of Bite: _______ Type/Species: ____________________________
Date Reported: _______ Reported By: ____________________________

VICTIM INFORMATION
Name: __________________________ Phone#: ____________________________
Address: __________________________ Age: ______
______________________________

Guardian _________________________

Event Type: □ Bite □ Non-Bite □ Other
Address Where Incident Occurred: __________________________
Part of Body Injured: __________________________
Physician/Hospital: __________________________
Post Exposure Prophylaxis received? □ YES □ NO

ANIMAL INFORMATION
Owner's
Name: __________________________ Phone#: ____________________________
Address: __________________________ City/Township: ______
______________________________

Breed/Description: __________________________
Comments: __________________________

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Date of Animals Death: _______ Date Sent to Lab: _______ Lab Report Results: _______