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ANIMAL BITE REPORT

All known information must be completed

Reporter Information:

Agency/Facility Reporting: _____ Date of Bite: _____

Completed By: _____ Date Reported: _____

Patient Information:

Patient's Name: _____ Age: _____

If minor, parents' name: _____

Patient's Mailing Address: _____

City: _____ State: _____ Zip: _____

Patient's Phone Number: _____

Address where bite occurred: _____

Circumstances preceding bite: _____

Biting Animal Information:

Species: _____ Breed: _____ Color: _____

Sex: _____ Age: _____ Name: _____

Animal's Owner's Name: _____

Street Address: _____ City: _____ Zip: _____

Phone Number: _____

Please fax to Putnam County Health Department at 419-523-4171 within 24 hours