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"Working towards a healthy and safe Putnam County"

ANIMAL BITE REPORT

*All known information must be completed***

	All Know	vn information must be con	npietea
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 567-538-5076 within 24 hours