



1179 Westwood Drive, Suite 300
Van Wert, Ohio 45891

Van Wert County
General Health District

419-238-0808 Fax 419-238-9571
www.vanwertcountyhealth.org

Animal Bite/Rabies Exposure Report Form

Today's Date: _____

Person Bitten: _____ Age: _____

Parent(s) (If minor): _____ Phone: _____

Address: _____ City: _____

Date of Bite: _____ Reported By: _____

Type of Animal: _____ Breed: _____ Animal's Name: _____

Animal Owner's Name: _____

Address: _____ City: _____

Phone: _____

Is the animal currently vaccinated against rabies? Yes () No () Unknown ()

If so, what veterinarian administered the vaccination: _____

Health Department Follow-Up

Date Quarantine Notice Issued: _____ By: _____

Method of Quarantine: _____

10-Day Follow-Up Observation: _____ By: _____

Date of Rabies Vaccination: _____ Type of Vaccine: () 1 Yr. () 3 Yr.

Vaccination Given By: _____

Date of Release from Quarantine: _____

Notes: _____

*"Our mission is to promote and to protect the health and well-being of the community!"
"Equal Opportunity Employer/Provider"*