



REPORT OF ANIMAL BITE IN LOGAN COUNTY HEALTH DISTRICT

Date Of This Report: _____

Date Person Bitten: _____

Name Of Person Bitten: _____

Address: _____

_____ Phone: _____

Age: _____ Name Of Parent Or Guardian If Minor: _____

Where On Body Bite Occurred: _____

Name And Address Of Attending Physician:

Species And Description Of Biting Animal:

Specific Location In County Bite Occurred:

Name, Address And Phone Number Of Owner Of Biting Animal:

_____ Phone _____

Was Animal At Large When Bite Occurred? Yes / No

This Report Was Made By: _____

SECTION 3701-3-29 OF THE OHIO ADMINISTRATIVE CODE REQUIRES THAT WHENEVER A PERSON IS BITTEN BY A DOG OR OTHER ANIMAL, REPORT OF SUCH BITE SHALL BE MADE WITHIN TWENTY-FOUR HOURS TO THE HEALTH COMMISSIONER OF THE DISTRICT IN WHICH SUCH BITE OCCURRED.