city of CINCINNATI HEALTH DEPARTMENT

Animal Bite/Exposure Reporting Form

*****Please Type or Print Legibly*****

******Submit Only if Incident Occurs Within the City of Cincinnati******

TECHNICAL ENVIRONMENTAL SERVICES

1525 ELM ST. 3RD FLOOR

CINCINNATI, OH 45202

PHONE(513)352-2922

FAX(513)352-2915

Reporting Agency _____ **Reporting Person's Name & Phone Number** _____

Date Reported to Cincinnati Health Department: _____

Date of Incident: _____ **Address of Incident:** _____

Victim/Guardian Information:

_____

(Victim Name/Guardian) (Age) (Sex)

_____

(Street #) (Street Name) (City) (Zip Code)

Phone:_____ **Email Address:**_____

Type of Exposure:_____

(Bite/Scratch etc)

Injury Details and Treatment:_____

Animal Information:

_____

(Species) (Breed/Description) (Age) (Sex)

Animal Owner/Harborer Information:

_____

(Name) (Address) (City)

Phone: _____ **Alternate:** _____