

Morgan County Health Department  
4275 N. St. Rt. 376 NW  
McConnellsville, OH 43756  
Phone: (740)962-4572 Fax: (740) 962-3271

ANIMAL BITE REPORT

Date Bite Reported: 1-20-18 Reported by: Health Dept - Zanesville

Date of Bite: 1-20-18 Type: (DOG) CAT BAT OTHER: \_\_\_\_\_

\*\*\*\*\*  
Owner of Animal: Mike Butcher Daytime Phone: 740-651-6059

Mailing Address: 151 S. 7th St Work Phone: \_\_\_\_\_

City: McConnellsville Zip: 43756 Directions to Owners

Property: Dog

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Person Bitten: Mathias Butcher (son) Age of Victim: 1 1/2

Parent/Guardian (if applicable): \_\_\_\_\_ Daytime Phone: 740-651-6059

Mailing Address: 151 S 7th City: McConn OH 43756

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Name of Animal: Duke Animal Description: Brindle

Breed of Animal: Pitbull Sex of Animal: (Male) or Female

Dog Warden Contacted: (Yes) No Current registration #: \_\_\_\_\_

Was Animal on Owners Property: (Yes) or No Has Animal Bitten Before: (Yes) or No

Incidence Preceding Bite: Boys were Biting Rough with the dog

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Doctor/Hospital Use Only:

Treated at: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Bite: \_\_\_\_\_

~~740-651-6059~~ ~~OFFICE~~ ~~Angie~~ ~~Butcher~~

## ANIMAL BITE REPORT

The Public Health Council Rule 3701-36-06 and Section 3701-3-28 and 29 of the Ohio Administrative Code were adopted by the Morgan County Board of Health on --/-- to require the following:

1. The quarantine period for any dog, cat or other biting animal shall be a minimum of 10 days confinement or isolation by the owner or harbinger and at the owner's expense.
2. A licensed veterinarian must observe any dog or cat at the end of the quarantine period if a current rabies vaccination cannot be verified.
3. A proper rabies vaccination must be administered or verified by a licensed veterinarian prior to release of the dog or cat from the quarantine period.

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Office Use Only:

Current Rabies Vaccine: Yes ☒ No ☐ Expiration Date: \_\_\_\_\_

Attending Veterinarian: \_\_\_\_\_

Vaccination Status Verified: Yes ☐ No ☐ Verification Date: \_\_\_\_\_

Verified By: \_\_\_\_\_ Spoke to: \_\_\_\_\_

Quarantine Period Begins: 1-20-18 Ends: \_\_\_\_\_

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Quarantine Investigation Completed By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Veterinarian Office Use Only:

Date of Vaccination/Exam: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Release from Quarantine by: \_\_\_\_\_

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OHIO DEPARTMENT OF HEALTH LABORATORY RESULTS- (see attached if applicable)

dog owner called to get rid of dog. I went at 9 AM  
 No one home  
 called 2/2 Will not be home to night pickup Saturday

Public Health Prevent. Promote. Protect. Zanesville-Muskingum County		ANIMAL BITE INVESTIGATION FORM	
Incident Report Date:		Time:	
Incident Reported By:			
Contact Information:			
Alternate/Emergency Contact:			
Victim Information:			
Victim's Name: <u>Matthews Butcher</u>		DOB: <u>10-3-11</u>	Sex: <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> M
Address: <u>157 South 7th Street</u>		<u>McConnellsville OH 43756</u>	
Telephone number: <u>740-651-6059</u>		Alternate/Emergency Contact:	
Parent/Guardian (if minor): <u>Nicole Butcher - mother</u>			
Exposure/Incident Information:			
Date of Exposure: <u>01/20/18</u>			
Type of exposure: <input checked="" type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/>			
Body Site of Exposure: <u>face</u>			
Medical Attention Sought: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Post-exposure Prophylaxis Initiated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where: <u>Genesix ED</u>			
Treatment:			
Animal Information:			
Animal Species: <u>K9 - 5 yrs</u>		Animal Breed: <u>Pit bull</u>	
Animal Name: <u>Duke</u>		Animal Color: <u>Brindle</u>	
At the time of exposure, animal was: <input checked="" type="checkbox"/> At home/With Owner <input type="checkbox"/> Stray <input type="checkbox"/> Wild			
At the time of exposure, was the animal provoked: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Owner Name: <u>Mike Butcher</u>		Telephone:	
Address: <u>7th Street McConnellsville</u>			
Veterinarian: <u>Jeep</u>			
Prior History of Biting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Animal Current on Rabies Vaccinations at Time of Exposure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
Proof of Vaccination Date/Expiry Date:			
Is the Animal Quarantined: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where: <u>room</u>			
ZMCHD Administrative Use Only:			
Date Euthanized (if applicable):			
Date Specimen Received by ZMCHD:		(Day of the Week)	
Date Specimen Sent to ODH Lab:			
Specimen Test Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Unsatisfactory			
Rabies Prophylaxis Started: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where:			
Nursing Department Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nursing Staff Notified (Name, Date and Time):			
Sanitarian Remarks:			
(Signature)			

Return completed form within 24hrs to Zanesville Muskingum County Health Department

Updated 8/2016

Fax: 740.455.6726 or Telephone: 740.454.9741

1/24/18 - PC to Morgan Vet of hx of animal being seen there. SM  
 1/24/18 PC to owner - dog is being quarantined in a room away from the  
 kids - States they are looking for a home for the dog - Teminded  
 owner that they could not move the dog until after quarantine  
 was over - voiced understanding. SM  
 1/24/18 - child did not get stitches - had 5in puncture + healing well  
 in front of bite SM