

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

ANIMAL BITE REPORT

Date Bite Reported: 4-16-18 Reported by: Donald D. Keubler

Date of Bite: 4-16-18 Type: (DOG) CAT BAT OTHER: _____

Owner of Animal: Donald Leroy Keubler Daytime Phone: 962-3448

Mailing Address: 8891 N Greer Rd Work Phone: _____

City: McConnelsville Zip 43756 Directions to Owners

Property: _____

Person Bitten: Lorna Eppler Age of Victim 66

Parent/Guardian (if applicable): _____ Daytime Phone: 962-4604

Mailing Address: 9049 N St Rt 60 City: McConnelsville OH 43756

Name of Animal: _____ Animal Description: _____

Breed of Animal: Chow / Shepard 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: Taking walk Dog jumped over fence
Dog will be put down by dogwarden

Doctor/Hospital Use Only:

Treated at: _____ Phone: _____

Description of Bite: _____

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.

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: _____ Ends: _____

Quarantine Investigation Completed By: B Thompson

Title: DOG Warden Date: 4-27-18

Veterinarian Office Use Only:

Date of Vaccination/Exam: _____ Expiration Date: _____

Release from Quarantine by: _____

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