

McConnellsville 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: 4/26/18 Reported by: Muskingum Co Health Dept

Date of Bite: 4-20-18 Type: DOG CAT BAT OTHER: _____

Owner of Animal: Lucinda Roberts ~~Hollan~~ Daytime Phone: 740-962-3207

Mailing Address: 3567 Ode Cordray Rd Work Phone: _____

City: Malta Oh 43758 Zip _____ Directions to Owners

Property: _____

Person Bitten: Sykes Roberts Age of Victim 4
Tiffany

Parent/Guardian (if applicable): _____ Daytime Phone: 740-605-7504

Mailing Address: 3533 Cordray Rd City: Malta Oh 43758

Name of Animal: _____ Animal Description: Bm/wh

Breed of Animal: Australian Shep Sex of Animal: Male or Female

Dog Warden Contacted: Yes No Current registration #: 113

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

Incidence Preceding Bite: Running dog bit buttocks + cheek

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 harborer 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:

548313

Current Rabies Vaccine: Yes No Expiration Date: 8-26-18

Attending Veterinarian: Jessica Springman

Vaccination Status Verified: Yes No Verification Date: 4-26-18

Verified By: _____ Spoke to: _____

Quarantine Period Begins: 4-20-18 Ends: 4-30-18

Quarantine Investigation Completed By: _____

Title: _____ Date: _____

Veterinarian Office Use Only:

Date of Vaccination/Exam: _____ Expiration Date: _____

Release from Quarantine by: _____

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