

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: 6/28/18 Reported by: Sheriff's Office
Date of Bite: 6/28/18 Type: ☒ DOG ☐ CAT ☐ BAT ☐ OTHER: _____

Owner of Animal: Craig Vanness Daytime Phone: 740 601-3018
Mailing Address: 600 E Bell Ave Work Phone: _____
City: McConnelsville Zip 43756 Directions to Owners
Property: _____

Person Bitten: Aralynne Rehart Age of Victim 4
Parent/Guardian (if applicable): _____ Daytime Phone: 740 586 1179

Mailing Address: 21057th City: McConnelsville

Name of Animal: Bear Animal Description: Blue Chow

Breed of Animal: Chow Sex of Animal: ☒ Male or Female

Dog Warden Contacted: ☒ Yes ☐ No Current registration #: NO - citation written

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

Incidence Preceding Bite: Aralynne was next door playing with Craig's daughter cat ran out of house dog chased it

Doctor/Hospital Use Only: saw little girl and attacked her

Treated at: _____ Phone: _____

Description of Bite: _____

GZB 3190

Treatment Required: _____

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 14 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: 6/29 Ends: 7/8/18

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)