



# Ashland County Health Department

## Mammal Incident Report Form

Forward completed form to Ashland County Health Department Environmental Health Division

Mail: 1211 Claremont Ave Ashland, OH 44805 Email: [pdonaldson@health-ashlandcounty-oh.gov](mailto:pdonaldson@health-ashlandcounty-oh.gov)

Fax: (419) 282-4333

---

### Victim Information

Victim Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name (if victim is a minor) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Type of Exposure:  Bite or  Scratch Location on Body \_\_\_\_\_ Date of Bite/Scratch \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Describe how bite/scratch occurred \_\_\_\_\_

### Owner Information

Owner Name \_\_\_\_\_ Location of Animal:  Known or  Unknown

Owner Address (or location of exposure if unknown) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Township \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Animal Information

Animal Name \_\_\_\_\_ Type of animal \_\_\_\_\_ Sex:  M or  F

Place where animal is confined \_\_\_\_\_ Date of last Rabies immunization \_\_\_\_\_

Veterinarian \_\_\_\_\_ Veterinarian Phone \_\_\_\_\_

---

### Treatment & Reporting Information

Hospital/Urgent Care where treated \_\_\_\_\_ Phone \_\_\_\_\_

Reporting Agency:  Hospital/Urgent Care  Dog Warden  Veterinarian  Other \_\_\_\_\_

Wound cleansed:  Yes  No Date \_\_\_\_\_

HRIG administered:  Yes  No Date \_\_\_\_\_

PEP administered:  Yes  No Date \_\_\_\_\_ Dose #: \_\_\_\_\_

---

### Office Use Only

Date Investigation Completed \_\_\_\_\_ EH Specialist's Signature \_\_\_\_\_

If HRIG or PEP administered, date Epi/PHN notified \_\_\_\_\_ Name of Epi/PHN \_\_\_\_\_