



SENECA COUNTY HEALTH GENERAL HEALTH DISTRICT

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Visit us on the web: www.senecahealthdept.org

ANIMAL BITE REPORT

DATE REPORTED: SUBMITTED BY: SPECIFY:

DATE OF BITE: STRAY:

TYPE OF ANIMAL: DETAILS:

CIRCUMSTANCE OF BITE:

ANIMAL OWNER: PHONE: EMAIL:

OWNER ADDRESS:

PERSON BITTEN: MINOR: AGE: PARENTS(if minor)

ADDRESS: PHONE: EMAIL:

LOCATION OF BITE: **SERIOUS INJURY?** YES NO

SUBMIT BY EMAIL: hpanuto@senecahealthdept.org or fax: 419-448-5782