

ATHENS CITY-COUNTY HEALTH DEPARTMENT
278 WEST UNION STREET
ATHENS, OHIO 45701
PHONE: (740) 592-4431
TOLL FREE PHONE: 1-800-945-6447
FAX: (740) 594-2370

RABIES CONTROL REPORT

Person Bitten: _____ **Parents:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Date Bitten: _____ **Age:** _____ **Sex:** _____ **Male** _____ **Female**

Area of Body Bitten: _____

Place of Treatment: _____

Reported by: _____ **Date Reported:** _____

Additional Information: _____

Animal Owner: _____

Address: _____

Type of Animal: _____ **Animal Description:** _____

Rabies Immunization Date: _____ **Rabies Tag Number:** _____

Quarantine/Circumstances of Bite/Comments: _____

Date Received: _____ **Athens City-County Health Dept.:** _____

Under Powers of the Ohio Administrative Code Section 3701-3-29 the animal must be quarantined or confined for period of ten (10) days and then examined by Veterinarian.

Date of observation: _____ **Comments:** _____

Signature of Veterinarian: _____

Please return to the Athens City-County Health Department within 2 days of signature.