

Zanesville-Muskingum County Health Department
ANIMAL BITE INVESTIGATION FORM
205 N. 7th Street
Zanesville, Ohio 43701 740-454-9741

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Reported By: _____

Date of Bite _____ Date of Report: _____

Owner: _____

Address: _____

Home Phone: _____

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Person Bitted: _____ Age: _____

Home Phone: _____ Work Phone: _____

Address: _____

Parent: _____

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Animal Species: _____ Animal Name: _____

Animal Color: _____ Wild/Stray _____

Breed: _____

Veterinarian: _____

* Place of Quarantine: _____

*** Please inform owner, the animal must be quarantined for 10 days and proof of rabies vaccination will be required.**