

## Animal Bite Report

Please send the following completed report to Galion City Health Department immediately if:

- 1) The owner of the biting animal lives within the city limits of Galion;  
OR
- 2) The bite was inflicted within the city limits of Galion by an unowned animal (ex. stray cat or dog; bat; wild animal) or an animal whose owner is unknown.

Victim	
Date of Bite/Exposure:	Date Reported:
Name:	Phone:
Street:	
City, State, Zip Code:	Age:
If Minor, Parent's Name:	Phone:
City, State, Zip Code:	
Type of Exposure: <input type="checkbox"/> Bitten <input type="checkbox"/> Scratched <input type="checkbox"/> Other Non-Bite Exposure (please specify):	
Comments:	

Animal		
Animal Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Other (please specify):		
Animal Name, Color & Description:	Animal Owned? <input type="checkbox"/> Y <input type="checkbox"/> N	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Dog Breed:	Mixed Breed? <input type="checkbox"/> Y <input type="checkbox"/> N	Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N
Vet:	Vet's Phone:	
Immunized at Time of Bite? <input type="checkbox"/> Y <input type="checkbox"/> N	Date Immunized:	

Animal Owner	
Name:	Phone:
Street:	
City, State, Zip Code:	

**Please complete form and submit to Galion City Health Department:**

In person to 113 Harding Way East, Galion;

Fax to 419-468-8618; OR

E-mail to [andrea.barnes@galionhealth.org](mailto:andrea.barnes@galionhealth.org)