

# Norwood City Board of Health

2059 Sherman Avenue Norwood OH. 45212

Phone: (513) 458-4600 Fax: (513) 458-4606

Date Reported: \_\_\_\_\_

Case# \_\_\_\_\_

Owner of  
Animal \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Complainant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## Description of Animal:

Type \_\_\_\_\_ Breed \_\_\_\_\_ Markings \_\_\_\_\_

License#: \_\_\_\_\_ Vaccination \_\_\_\_\_ Markings \_\_\_\_\_

Medical Treatment: Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_ #Treatments \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## HUMAN CONTACTS

NAME	DATE OF BIRTH	BITE OCCURRED AT	EXPOSURE(S)		LOCATION of BITE
			Date	Method	

Date	Significant Facts, History, Quarantine, Etc.	Initials