

REPORT TO COUNTY HEALTH UNIT - CONTACT WITH SUSPECTED RABID ANIMAL

Reporting Agency: _____ Date and time: _____

Name of Patient: _____ Parent's Name: _____
(Surname) (Given) (If applicable)

Address: _____
(Street) (City/town) (Province) (Postal Code)

Mailing Address (if different than above) _____

Age: _____ Sex: _____ Telephone Number (Home) _____ (Work) _____

Family Doctor: _____ Office Telephone Number: _____

Date of Incident: _____

Injury to Patient

I _____, hereby authorize the release of the above personal information to the municipal Bylaw Enforcement/Animal Control Officer for the purpose of possible enforcement.
Signature of Patient or Legal Guardian: _____

ANIMAL: Stray Animal: Yes ___ No ___ Wild Animal: Yes ___ No ___

Pet's Name: _____ Species: _____

Age: _____ Rabies Shots: Yes ___ No ___ Unknown ___ Date: _____

Name/Location of Vet: _____ Vaccine Type: _____

Owner's Name: _____ Tel. # (H) _____ (W) _____

Owner's Address: _____
(Street) (City/town) (Province) (Postal Code)

Mailing Address (if different than above) _____

Animal tied/leashed at time of incident: No ___ Yes ___

ATTENDING STAFF SIGNATURE _____

Please fax a copy of this form immediately to 613-735-3067, Renfrew County and District Health Unit, Env.Health, 7 International Drive, Pembroke, ON K8A 6W5, Telephone 613-735-8654 Ext. 555

- If incident occurs on weekends after 4:00 pm Friday or on statutory holidays, please report immediately to the Health Unit pager at 613 735-9926. Continue to fax form as directed above.
- If Garrison Petawawa is involved, fax this form to 613-588-6845 Preventive Medicine Department, Garrison Petawawa Telephone: 613-687-5511 Ext. 5255.

TO BE FILLED IN BY PUBLIC HEALTH INSPECTOR:

Animal detained at: _____

OBSERVATION REPORT:

Reported to C.F.I.A. (Animal Health): _____ Date: _____

Date and time of Investigation: _____ Inspector: _____

Release Date: _____

ISOLATION TERMINATION REPORT:

DATE: _____ INSPECTOR: _____