

REPORT TO COUNTY HEALTH UNIT - CONTACT WITH SUSPECTED ANIMAL

REPORTING AGENCY _____

Name of Patient _____ Parent's Name _____
(Surname) (Given)

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

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)

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, Environmental Health, 7 International Drive, Pembroke, ON K8A 6W5, Telephone 613-735-8654. **If C.F.B. Petawawa is involved fax this form to 613-588-6845 Preventive Medicine Department, C.F.B. Petawawa Telephone: 613-687-5511 Extension 5255.**

TO BE FILLED IN BY PUBLIC HEALTH INSPECTOR:

Animal detained at _____

OBSERVATION REPORT:

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

Date of Investigation _____ Inspector _____

Release Date: _____

ISOLATION TERMINATION REPORT:

DATE _____ INSPECTOR _____