	PECIE	D KABI	D ANIM	AL – KE	POR	KIING	FORIVI	
Reporting Agency:		Date:			Tin	ne:		
CLIENT INFORMATION								
Last Name:	First Name:			Parents Name: (if applicable)				
Address:	C	City:		Postal Code:				
Mailing Address: (if different than the above listed)	l							
Telephone #:	ephone #:			Work or Cell Phone #:				
DOB: (yyyy/mm/dd)	Ago	e:	Gender: Male Female					
Family Physician:	•		Phone #:					
INCIDENT INFORMATION								
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 INFORMATION								
Stray Animal: Yes No		v	/ild Animal: (Yes () No				
			O	_				
Name of Animal:			pecies and Descr	iption:				
Name of Animal: Name/Location of Vet Clinic:		S		○ Current	○ Not	current	OUnknown	
		S	pecies and Descr accine Status: ate of last vaccir	○ Current	○ Not	current Work or 0		
Name/Location of Vet Clinic: Name of Owner:	: Name)	V D	pecies and Descr accine Status: ate of last vaccir	○ Current	○ Not	Work or (
Name/Location of Vet Clinic: Name of Owner:	: Name)	V D	pecies and Descr accine Status: ate of last vaccir	○ Current		Work or (Cell#:	
Name/Location of Vet Clinic: Name of Owner: Owner's Address: (Street #) (Street		V D	pecies and Descr accine Status: ate of last vaccir	○ Current		Work or (Cell#:	
Name/Location of Vet Clinic: Name of Owner: Owner's Address: (Street #) (Street Mailing Address: (if different than the above)		V D	pecies and Descr accine Status: ate of last vaccir	○ Current		Work or (Cell#:	
Name/Location of Vet Clinic: Name of Owner: Owner's Address: (Street #) (Street Mailing Address: (if different than the above) Animal tied/leashed at time of incident:: Yes	No Sely to 613- 505 00pm Friday directed abo nis form to 6	735-3067, R or on Statutive. 13-588-6952	pecies and Descr accine Status: ate of last vaccir ity/Town)	Current nation:	(Prov.	Work or (Cell #: (Postal Code) Lake St, Pembroke Health Unit pager at	

Telephone: 613-687-5511, Ext. 5255.		
TO BE FILLED IN BY PUBLIC HEALTH INSPECTO	R	
Animal detained at:		
Observation Report:		
Department of STA (Agine I Hashb)		
Reported to C.F.I.A. (Animal Health):	Date:	
Date & Time of Investigation:	Inspector:	
Release Date:		
Isolation Termination Report:		
Inspector:	Date:	