



CONTACT WITH SUSPECTED RABID ANIMAL – REPORTING FORM

Reporting Agency:	Date:	Time:
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CLIENT INFORMATION		
Last Name:	First Name:	Parents Name: (if applicable)
Address:	City:	Postal Code:
Mailing Address: (if different than the above listed)		
Telephone #:	Work or Cell Phone #:	
DOB: (yyyy/mm/dd)	Age:	Gender: <input type="radio"/> Male <input type="radio"/> 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: <input type="radio"/> Yes <input type="radio"/> No	Wild Animal: <input type="radio"/> Yes <input type="radio"/> No	
Name of Animal:	Species and Description:	
Name/Location of Vet Clinic:	Vaccine Status: <input type="radio"/> Current <input type="radio"/> Not current <input type="radio"/> Unknown Date of last vaccination:	
Name of Owner:	Telephone #:	Work or Cell #:
Owner's Address: (Street #) (Street Name) (City/Town) (Prov.) (Postal Code)		
Mailing Address: (if different than the above)		
Animal tied/leashed at time of incident: <input type="radio"/> Yes <input type="radio"/> No		
Signature of Attending Staff:		

Please fax a copy of this form immediately to 613-735-3067, Renfrew County and District Health Unit, 141 Lake St, Pembroke ON, K8A 5L8. Telephone 613-732-3629, Ext. 505

- If Incident occurs on weekends after 4:00pm Friday or on Statutory Holidays, please report immediately to Health Unit pager at 613-735-9926, continue to fax form as directed above.
- If Garrison Petawawa is involved, fax this form to 613-588-6952, Preventative 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 & Time of Investigation:	Inspector:
Release Date:	
Isolation Termination Report:	
Inspector:	Date: