



CONTACT WITH SUSPECTED RABID ANIMAL – REPORTING FORM

| | | |
|--------------------------|--------------|--------------|
| Reporting Agency: | Date: | Time: |
|--------------------------|--------------|--------------|

| 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 613-588-2665, Preventive Medicine Department, Garrison Petawawa Telephone: 613-687-5511, extension 2424132.

| 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: |