

Animal Biting/Scratching Incidents Mandatory Reporting Form

All animal bites, animal scratches and bat exposures must be reported immediately

Physician requests for rabies vaccine call: (613) 966-5500

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Attention: Environmental Health						
Reporting Agency:	 □ North Hastings Emergency Dept - (613) 332-2825 X 6222 □ Belleville General Emergency Dept - (613) 969-7400 X 2434 □ Prince Edward County Memorial Emergency Dept - (613) 476-1008 X 4328 □ Trenton Memorial Emergency Dept - (613) 392-2540 X 5466 □ Physician □ Investigating Officer □ Other Phone # 					
Date of Incident:						
Name of Patient:						
Name of Parent/Guardian:	(please provide parent/guardian if patient is under 16 years of age)					
Patient's Full Address :						
Patient's Phone Number:	()			()		
Family Physician:						
Animal Involved:	(please circle)	Dog	Cat	Other		
Type of Contact:	(please circle)	Bite	Scratch	Both		
Location on Body:						
Owner of Animal:		(-1		to the state of th		
Owner's Full Address :		(piease pro	vide owner inf	ormation if available)		
Owner's Phone Number:	()		(·)		
Faxed By:	Date:					

This form must be faxed to: (613) 968-1461

Collection of information on this form is authorized under the HEALTH PROTECTION AND PROMOTION ACT RSO, 1990 Chap. H.7 for the purpose of controlling and reporting communicable disease.