

IMMEDIATELY TELEPHONE 1-800-563-2808
Animal Bite/Scratch Health Unit Notification Form
Followed by Fax to Health Unit (705) 474-9481

PATIENT INFORMATION

Name of Patient/Victim: _____
D.O.B: _____ Weight: _____ kg Sex: Male Female
Address: _____ City: _____ Postal Code _____
Telephone No.: (home) _____ (work) _____ (cell) _____
Name of Parent/Guardian: _____
Physicians Name: _____
Physicians Address: _____
Physicians Telephone: _____

BITE/SCRATCH INFORMATION

Date and Time of Incident: _____ Type of Exposure: _____
Details of Incident: _____
Species of Animal: _____
Animal Owners Name: _____
Address: _____ City: _____ Postal Code _____
Telephone No.: (home) _____ (work) _____ (cell) _____

Temporary Address (location) and duration (if applicable)

Patient/Victim: _____	Telephone No.: _____
Address: _____	Effective to: (date) _____
Animal Owner(s): _____	Telephone No.: _____
Address: _____	Effective to: (date) _____

REPORTING INFORMATION

Name of Facility Reporting: _____
Name of Person Reporting: _____ Signature: _____
Telephone No.: _____ Date: _____

"The personal information being collected on this form is collected under the authority of the Health Protection and Promotion Act, and is collected, used, and disclosed by the Health Unit in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information shall be used to ensure necessary health care measures are attained. Questions covering the collection of this information may be directed to the North Bay Parry Sound District Health Unit, 681 Commercial Street, North Bay, ON, P1B 4E7. Phone (705)474-1400 or 1-800-563-2808"