

Animal Bite/Exposure Report



Victim Name Surname, Given Name:		
Address:		
City:	Postal Code:	
Telephone Number (H):	(C):	(W):
Date of Birth:	Weight (kg/lb):	
Parent or Guardian (if applicable):	Family Physician:	
Animal Bite Exposure		
Date of Exposure:	Type of Animal:	
Description of Animal: <input type="checkbox"/> Indoor house pet <input type="checkbox"/> Outdoor house pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown		
Type of Exposure:	<input type="checkbox"/> Bite which penetrated the skin <input type="checkbox"/> Saliva contamination of scratch, skin abrasion or mucous membranes <input type="checkbox"/> Bat: direct bat contact where bite, scratch, or saliva contamination of open wound or mucous membranes cannot be eliminated	
I consent to the release of the above information to any other agency for further investigation of this incident.		
Signature of patient or guardian:		Date:
<hr/>		
Owner of Animal		Surname, Given Name:
Address:		
City:	Postal Code:	
Telephone (main):	Telephone (alternate):	
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Reporting Agency		
Address:		
City:	Postal Code:	
Date of Reporting:	Reporting Agency Reference Number:	
Reporting Contact Person:	Telephone:	
Comments:		

SEND COMPLETED FORM BY FAX TO (705) 743-1203 and call:

Monday to Friday, 8:30 a.m. - 4:30 p.m. **CALL: (705) 743-1000**

After Hours Monday - Friday & Holidays/Weekends CALL: (705) 760-8127