

**BRANT COUNTY HEALTH UNIT  
RABIES INVESTIGATION REPORT**

This form is to be completed at time of treatment/complaint and is to be reported to the Brant County Health Unit immediately: During regular operation hours (M-F 8:30am to 4:30pm) please call 519-753-4937 ext 470, and after hours call (519) 753-4937 follow the prompts, and wait for answering service staff to take your call. A Public Health Inspector will return your call. In addition to the above calling requirement, please fax this completed report to (519) 753-2140.

**\* THIS INFORMATION IS MANDATORY:**

**\*Date:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**\*Victim Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**\*Parents Name if under 18:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_ **\*City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**\*Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**\*Health Card #:** \_\_\_\_\_

**\*Type of Animal:** Dog:  Cat:  Stray:  Wild Animal/Other:  \_\_\_\_\_

**\*Description of Animal:** \_\_\_\_\_ (eg. Breed, colour, sex, size, name)

**Date of Incident:** \_\_\_\_\_ **Location of Incident:** \_\_\_\_\_

Bite:  Scratch:  Other:  **Location of Wound:** \_\_\_\_\_

**Where Treated:** \_\_\_\_\_ **Treating Physician:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Family Physician Telephone** \_\_\_\_\_

**Animal Owner:** \_\_\_\_\_ **Telephone (hm):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone (wk):** \_\_\_\_\_

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Reported by:** \_\_\_\_\_