



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: _____

"This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O.1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection Act, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Manager at the North Bay Parry Sound District Health Unit, 345 Oak Street W., North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563-2808 or at privacy@nbpsdhu.ca."