



**IMMEDIATELY TELEPHONE 1-800-563-2808**  
**Animal Bite/Scratch Health Unit Notification Form**  
**Followed by Fax to Health Unit 705-482-0733**

**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](mailto:privacy@nbpsdhu.ca)."*