

Animal Bite/ Exposure Report

Rab-1

Reporting Agency/ Name of Reporter:	
Phone Number:	

Name of Victim:			
Date of Birth:		Weight:	lbs kg
Legal Guardian:			
Daytime Phone Number:		Cell Number:	
Physical Address:			
Mailing Address:			
Date of Bite/ Exposure:			

Name of Animal Owner:	Email:
Daytime Phone Number:	Cell Number:
Physical Address:	
Mailing Address	

Animal Involved:	Species:	Breed:	Name:
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Nature of Wound:	Bite:	Scratch:	Proximity:	Handling:
Severity of Wound:	Abrasion:	Laceration:	Bruise:	Puncture:
Location of Wound:	Arm: Left: Right:	Leg: Left: Right:	Thigh: Left: Right:	Face: Neck:
	Hand: Left: Right:	Torso:	Buttocks:	Abdomen:

Treatment:	
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Further Details (Animal Cannot Be Located, Animal Provoked, Animal Deceased):	
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**Please Fax to (807) 468-3914 to: Attention:
Public Health Inspector
After Hours – Please phone 1-866-475-6505**

July-2020

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