



# HASTINGS PRINCE EDWARD Public Health

## Animal Biting/Scratching Incidents Mandatory Reporting Form

**\*\*\*THIS FORM MUST BE COMPLETED BY A HEALTH CARE PROVIDER\*\*\***

All animal bites, animal scratches and bat exposures must be reported immediately to:

**Hastings Prince Edward Public Health**

**Attention:** Healthy Environments

**Fax:** 613-968-1461

**Physician requests for rabies vaccine call: (613) 966-5500**

REPORTING AGENCY:

- North Hastings Emergency Dept. Ph: 613-332-2825 Ext. 6222
- Belleville General Emergency Dept. Ph: 613-969-7400 Ext. 2434
- Prince Edward County Memorial Emergency Dept. Ph: 613-476-1008 Ext. 4328
- Trenton Memorial Emergency Dept. Ph: 613-392-2540 Ext. 5466
- Physician: \_\_\_\_\_ Ph: \_\_\_\_\_
- Investigating Officer: \_\_\_\_\_ Ph: \_\_\_\_\_
- Other: \_\_\_\_\_ Ph: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ (MM/DD/YY)

Name of Patient: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
*(please provide parent/guardian if patient is under 16 years of age)*

Patient's **Full Address:** \_\_\_\_\_

Patient's Email: \_\_\_\_\_

Patient's Phone Number (s): ( ) ( ) \_\_\_\_\_

Family Physician: \_\_\_\_\_

Animal Involved: Dog Cat Bat Other (please specify): \_\_\_\_\_

Type of Contact: Bite Scratch Both Other (please specify): \_\_\_\_\_

Location on Body: \_\_\_\_\_

Will rabies PEP be given: Yes *(consult with HPEPH & complete PEP schedule below)* No

Owner of Animal: \_\_\_\_\_  
*(please provide owner information if available)*

Owner's **Full Address:** \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Owner's Phone Number: ( ) ( ) \_\_\_\_\_

**Rabies PEP Treatment Schedule- Day 0**

Administering Physician/Nurse: \_\_\_\_\_

Health card Number: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_

Sex:                      Male                      Female                      Non-binary

Weight (lbs or kgs):    lbs                      kgs

# of vials of RIG & Lot #:    # of vials:                      RIG Lot #:

Vaccine Lot #: \_\_\_\_\_

Date Day 0 Administered:    (MM/DD/YY):

Faxed By: \_\_\_\_\_                      Date: \_\_\_\_\_

Collection of information on this form is authorized under the HEALTH PROTECTION AND PROMOTION ACT RSO, 1990 Chap. H.7 for the purpose of controlling and reporting communicable disease.