

**Simcoe:** 12 Gilbertson Dr.,  
Simcoe ON N3Y 4L1  
P: 519-426-6170/905-318-6623  
**Caledonia:** 282 Argyle St., S.,  
Caledonia ON N3W 1K7  
P: 905-318-6623

**Person in Contact With Animal**

Name:

Address:

City/Town:  Postal Code:

Phone:

Date of Exposure:  Type of Wound(s) Sustained by Victim (check below):

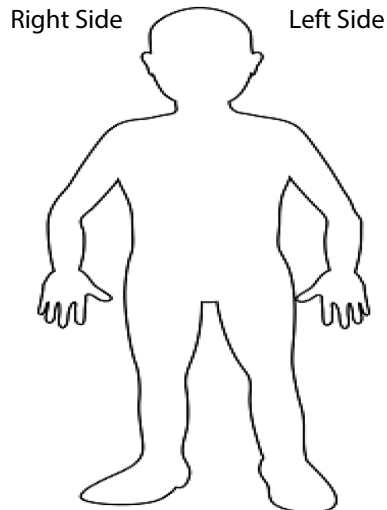
Weight (kg):   Bite(s)  Scratches

Sex:  Female  Male  Other (please specify)

Date of Birth:

Circumstances Involving Incident:

**Please identify wound location(s):**



Please advise patient to consult their family doctor regarding rabies post-exposure prophylaxis if the animal(s) cannot be located.

# Rabies Investigation Form

(Bite, Non-Bite, Bat Exposure)

**Fax completed form to our dedicated rabies fax line 24/7 at 519-427-5907**

**Reported By:** (check one below)

Norfolk General Hospital  West Haldimand General Hospital

Haldimand War Memorial Hospital  Tillsonburg District Memorial Hospital

Other (specify):

Name of Person Reporting:

Date Report Sent to Health Unit:

**Animal Owner Information**

Name:

Address:

City/Town:  Postal Code:

Phone:

**Animal Involved** (please complete in as much detail as possible):

Animal Species  Cat  Dog  Bat  Other (specify):

(circle one):

Animal Description:

Animal Name:

Vaccinated for Rabies  Yes  No If yes, where?

(check one):

Animal Tag # (if applicable):

"Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act 1990" for the purpose of fulfilling the regulations of the Health Protection and Promotion Act, 1990. Questions and/or concerns should be directed to the Supervisor, Information & Privacy of Norfolk County at 519-426-5870 or recordsfoi@norfolkcounty.ca