

Reporting agent should complete the form and fax to **416-696-4297**

**OR**

To report by telephone:

Call **416-338-7600** (weekdays 8:30 am to 4:30 pm)

Call **311** (evenings, weekends & statutory holidays)

*Investigations will be initiated by a Public Health Inspector within 24 hours of receiving a report.*

<b>Reporting Information</b>	Reporting Date (mm/dd/yyyy)		Reporting Agency File No.		Animal ID # (if applicable)	
	Reported by (First Name)	Reported by (Last or Single Name)	Reporting Agency			
<b>Victim Information</b>	First Name		Last Name (or Single Name)		DOB (mm/dd/yyyy)	
	Parent/Guardian Name (if victim under 16)			Telephone Number		
	Address (Num. & street)			Unit	City	Province
<b>Incident Details</b>	Nature of Exposure				Bleeding / Break to Skin	
	Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other <input type="checkbox"/> If Other, Specify _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Wound Location					
	Arm <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Leg <input type="checkbox"/> Mucosa <input type="checkbox"/> Torso <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> If Other, Specify _____					
	Incident Date (mm/dd/yyyy)		Incident Location (City, Province, Country)			Circumstances of Incident
Incident Description						
<b>Animal Information</b>	Animal Species				Animal Behaviour	
	Cat <input type="checkbox"/> Dog <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other <input type="checkbox"/> If Other, Specify _____				Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
	Description of Animal (breed, colour, name, sex, etc.)					
	Owner/Custodian First Name		Owner/Custodian Last Name (or Single Name)		Telephone Number	
Owner/Custodian Address (Num. & street)			Unit	City	Province	Postal Code