

## Windsor-Essex County Health Unit Rabies Investigation Form

### Victim Information (Bite, Non-Bite, Bat Exposures)

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Describe Incident: \_\_\_\_\_

### Wound and Emergency Information

#### Location of Injury

Head  Arm  Leg  Foot  Other

Please Describe: \_\_\_\_\_

Right:  Left:

#### Type of Wound

Bite  Scratch  Bleeding  Broken Skin  Other

Please Describe: \_\_\_\_\_

#### Medical Treatment

Where: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

Stitches:

Tetanus Up to Date:

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

### Animal Owner Information

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Animal: \_\_\_\_\_

Information Not Provided:

Please fax or email this completed form to the  
Environmental Health Department at 226-783-2113 or rabiesfax@wechu.org.  
If you have questions regarding this form please call 519-258-2146 ext. 4475.