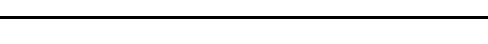
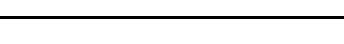




<b>UNIQUE IDENTIFIER</b>	
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**ANIMAL BITE/RABIES INVESTIGATION FORM**  
**PART 4: HSS ENVIRONMENTAL HEALTH UNIT FOLLOW-UP**

**ANIMAL QUARANTINE (TO BE FILLED OUT BY EHO)**

Animal quarantined? Yes      No		Start Date:	End Date:	Quarantine location:
Name of observer:		Phone number of observer:		
Email of observer:		Observation period confirmed by EHO:		Yes      No
Description of animal behaviour during quarantine:		Usual behaviour	Unusual behaviour	
				
Signature of EHO		Date signed		

### **RABIES TESTING (Skip this section if no testing occurred)**

Brain sent for testing? Yes      No	Sent by (print name):	Shipping Date:
Test Result:	Date of Test:	

**EHO NOTES (Any corrections to information noted by an EHO should be reflected on this sheet in the notes section.)**

UNIQUE IDENTIFIER	

## EHO NOTES

EHO Closure Note:	Date:
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