



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

<b>ANIMAL QUARANTINE (TO BE FILLED OUT BY EHO)</b>			
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			
X _____ Signature of EHO		_____ Date signed	

<b>RABIES TESTING (Skip this section if no testing occurred)</b>		
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.)**

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**EHO NOTES**

EHO Closure Note:

Date: