 **Vendor Application Form for Special Events – Petting Zoo**

*It has been recommended by the Ministry of Health and Long-Term Care (MOHLTC) that this information is collected from petting zoo operators prior to or upon opening.*

*For assistance, please contact York Region Health Connection at* ***1-800-361-5653*** *or* ***health.inspectors@york.ca***

*Completed form can be faxed to York Region Health Connection at* ***905-898-8277***

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| --- | --- | --- | --- | --- |
| **Operator Information – *should be valid for at least 30 days after the event*** | | | | |
| Name:  Address: | | | | |
| E-mail address: | | Phone: 🗆 work 🗆 home | | Cell Phone: |
| Alternate Contact Name: | | Alternate Contact Phone: | | |
| **Event Information** | | | | |
| Name of Event: | | Address of Event: | | |
| List all dates Petting Zoo will be open to the public: | | | | |
| Hours of Operation: | | | | |
| **Animal Inventory Available to the Public (if you need additional space to list all animals, attach a separate page)** | | | | |
| Type of Animal & Quantity on Display | | | Available to public? Y/N | |
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| * Rabies vaccine administered to all applicable animals at least 1 month prior to contact with the public *(refer to Table 2 of Ontario Reg. 567 Rabies Immunization)* | | | | |
| **MOHLTC Recommendations** | | | | |
| Does the operator have a copy of the MOHLTC Recommendations “Recommendations to Prevent Disease and Injury Associated with Petting Zoos in Ontario”, February 2011?  🞎 Yes 🞎 No  If no, indicate how a copy was provided to them:   * Mailed 🞎 Other – please specify: * Directed to: <http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/guidance/petting_zoos_references.pdf> | | | | |
| **Hand Hygiene Stations** | | | | |
| How do you intend to allow for the public to conduct hand hygiene? (check all that apply)   |  |  | | --- | --- | | * Hand washing stations | * Alcohol-based hand sanitizer stations | | * Liquid soap with paper towels | * Placement of stations upon entry & exit | | * Garbage receptacles | * Placement of station at each animal area | | * Staff are positioned near the animal area exit to encourage hand hygiene compliance | | | | | | |
| **Signage** | | | | |
| How do you intend to instruct the public on hand hygiene? (check all that apply)   |  |  | | --- | --- | | * Post signage on when hand hygiene should take place | * Post instructional signage at each hand hygiene station | | * Post signage identifying high risk groups | * Other – specify: | | | | | |
| **Isolation Area** | | | | |
| Will there be an isolation area available for ill/injured/distressed animals? 🞎 Yes 🞎 No | | | | |
| **Layout for Petting Zoo – This section must be completed** | | | | |
| Provide a layout for your Petting Zoo at the special event. The layout can be hand-drawn in the space below or attached to this application.  **Please take the following into consideration:** placement of hand hygiene stations, manure disposal, isolation area for ill/distressed/injured animals | | | | |
| **Notes/Comments** | | | | |
|  | | | | |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Public Health Inspector’s Signature | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vendor’s Signature | |