 **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 🞎 NoIf 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
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| * Liquid soap with paper towels
 | * Placement of stations upon entry & exit
 |
| * Garbage receptacles
 | * Placement of station at each animal area
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| * Staff are positioned near the animal area exit to encourage hand hygiene compliance
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| **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:
 |

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| **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 |