

PETTING ZOO VENDOR APPLICATION FORM FOR SPECIAL EVENTS

If you require assistance completing this form, please contact York Region *Health Connection* at 1-800-361-5653, option 4. Completed forms are to be emailed to: health.inspectors@york.ca or faxed to 905-898-8277.

Please note: A separate *Petting Zoo Vendor Application Form* must be completed and submitted for each event you participate in, regardless of attendance at multiple special events in one year.

SPECIAL EVENT REQUIREMENTS FOR PETTING ZOO VENDORS

- All vendors **MUST** submit a completed Vendor Application Form **at least 20 days prior** to the start of the event
- If Vendor Application Event Forms have not been received at least 20 days prior to the event, there may not be adequate time to review and approve the vendor prior to the event
- A Public Health Inspector will contact you prior to the event to discuss your application

OPERATOR INFORMATION *(should be valid for at least 30 days after the event)*

Name:	Address:	
Email address:	Business Phone Number:	Cell Phone Number:
Alternate Contact Name:	Alternate Contact Phone:	

EVENT INFORMATION

Event Name:	Event Address/Location:
Date(s) Vendor is Participating at Event:	
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

PUBLIC HEALTH

1-877-464-9675
 TTY 1-866-512-6228
york.ca/InfectionPrevention



- Rabies vaccine administered to all applicable animals at least 1 month prior to contact with the public. Email updated copies of rabies immunizations. Refer to [Ontario Regulation. 567 Rabies Immunization](#).

MINISTRY OF HEALTH AND LONG-TERM CARE (MOHLTC) RECOMMENDATIONS

Operator should review "[Recommendations to Prevent Disease and Injury Associated with Petting Zoos in Ontario](#)" for information on infection prevention where the public contacts animals.

HAND HYGIENE STATIONS

How do you intend to allow for the public to conduct hand hygiene? *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Handwashing stations | <input type="checkbox"/> Placement of stations upon entry and exit |
| <input type="checkbox"/> Liquid soap with paper towels | <input type="checkbox"/> Placement of station at each animal area |
| <input type="checkbox"/> Garbage receptacles | |
| <input type="checkbox"/> Alcohol-based hand rub [70-90% alcohol, not expired, has Natural Product Number (NPN)] | |
| <input type="checkbox"/> 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)*

- | | |
|--|--|
| <input type="checkbox"/> Post signage on when hand hygiene should take place | <input type="checkbox"/> Post instructional signage at each hand hygiene station |
| <input type="checkbox"/> Post signage identifying high risk groups | <input type="checkbox"/> 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.

COMMENTS

<hr/> Date (dd/mm/yyyy)	<hr/> Vendor's Signature <hr/> Vendor's Name