Animal Exposure Incident Report

York Region

Contact Us: Monday to Friday, 8:30 a.m. to 4:30 p.m.: **1-800-361-5653** TTY: **Dial 711**
Evenings, weekends and holidays: **1-888-335-0111** Fax: **905-898-8277** | **Health.Inspectors@york.ca**

CASE #:

◯ Client advised of the purposes for which this information is collected, used, and disclosed pursuant to the confidentiality policy and consent obtained.

To report an exposure or request rabies vaccine, call 1-800-361-5653 ext. 2 between 8:30 a.m. and 4:30 p.m., Monday to Friday, or fax the completed form to York Region Public Health at 905-898-8277. For after hours reporting, call 1-888-335-0111.

REPORTING AGENCY (HOSPITAL/DOCTOR'S OFFICE/OTHER)

Date: **Date of exposure:**

Reported by: **Phone:**

Circumstances:

PERSON EXPOSED

Name:

Date of birth: (dd/mm/yy) **Sex:** ◯ Male ◯ Female **Confirmed weight:** kg/lb

Immunocompromised: ◯ Yes ◯ No ◯ Unknown **Physician consulted:** ◯ Yes ◯ No

Guardian:

Street address:

City/town: **Postal code:**

Phone: Home: Work: Cell:

EXPOSURE

Exposed by: ◯ Bite ◯ Scratch ◯ Handling ◯ Proximity **Contact site on body:**

Contact severity: ◯ Abrasion ◯ Laceration ◯ Puncture ◯ Tissue or limb loss ◯ No visible bite

Physician consulted (first and last name): **Phone:**

Family physician (first and last name): **Phone:**

POST-EXPOSURE PROPHYLAXIS REQUIREMENTS

◯ Rabies post-exposure prophylaxis (vaccine and RabIG) requested

◯ The exposed person has previously received rabies vaccine

Requesting physician (first and last name):

Phone: **Street address:** **Unit number:**

City/town: **Postal code:**

Notes:

ANIMAL INFORMATION

Animal type: ◯ Domestic ◯ Stray/wild ◯ Police dog ◯ Unknown

Animal species and breed:

Animal name: **Colour:** **Gender:** ◯ Male ◯ Female

Size: **Age:** **Vaccinated:** ◯ Yes ◯ No ◯ Unknown

Vaccination date: **Vaccination location (veterinarian):**

Phone number: **Animal provoked:** ◯ Yes ◯ No ◯ Unknown

Has the animal had contact with wild animals: ◯ Yes ◯ No ◯ Unknown

Other domestic animals in the home: ◯ Yes ◯ No ◯ Unknown

Additional animal name: **Vaccinated:** ◯ Yes ◯ No ◯ Unknown

ANIMAL OWNER INFORMATION

Name:

Sex: ◯ Male ◯ Female **Street address:** **Unit number:**

City/town: **Postal code:**

Phone: Home: Work: Cell: