

Animal Exposure Incident Report

Service 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 a exposure or request vaccine Monday – Friday between 8:30 a.m. and 4:30 p.m. call 1-800-361-5653 ext. 4 or send completed form to York Region Public Health via fax: (905) 898-8277. To report afterhours 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/lbs Immunocompromised: Yes No Unknown

Physician consulted: Yes No Guardian: _____

Street address: _____

City/town: _____ Postal code: _____

Phone (home): _____ Phone (work): _____ Phone (cell): _____

Exposure

Exposed by: Bite Scratch Handling Proximity Contact site on body: _____

Contact severity: Abrasion Laceration Puncture Tissue/Limb loss No visible bite

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

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

The Regional Municipality of York

Contact York Region Health Connection Mon. to Fri. 8:30 a.m. to 4:30 p.m.: 1-800-361-5653 | TTY: 1-866-252-9933

Evenings, weekends and holidays: 1-888-335-0111

Fax: 905-898-8277 | Health.Inspectors@york.ca

Post-Exposure Prophylaxis Requirements

- Rabies post-exposure prophylaxis (vaccine + RabIG) requested
- Exposed person has been previously vaccinated against rabies

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

Contact with wild animals: Yes No Unknown

Other domestic animals in 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): _____ Phone (work): _____ Phone (cell): _____

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