

Animal Exposure Incident Report

IMMEDIATELY FAX all animal exposure incidents to Huron Perth Public Health:

FAX: 1.833.482.7820

For URGENT consultations regarding a suspicious animal exposure, a head, face, or neck exposure, or for the release of rabies post-exposure prophylaxis:

PHONE: During OFFICE HOURS: 1-888-221-2133

AFTER HOURS, WEEKENDS AND HOLIDAYS: 1-800-431-2054

A REPORT/INTAKE (PLEASE PRINT CLEARLY)

Date Reported to : _____	Person Reporting: _____
Treatment Centre/Hospital/Office: (Dr./Nurse/Officer/Veterinarian)	Attending Physician:

B PATIENT/VICTIM INFORMATION

Name: Mr/Ms/Mrs _____		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Parent Guardian Name (if patient is under 16yrs of age): _____		Weight: _____	Kg/lbs
Date of Birth: _____	Home phone: _____	Other: _____	
Address: (Permanent)			
Street #/911#	Street Name	Apt/Unit#	City Postal code
(Temporary)			
Street #/911	Street Name	Apt/Unit	City Postal code

C POST EXPOSURE PROPHYLAXIS (Must be filled in if administered)

Prescribing Physician: _____			
Vaccine Lot #		Vaccine Expiry date	
RIG LOT #	Expiry date	RIG LOT#	Expiry date
RIG LOT #	Expiry date	RIG LOT#	Expiry date

D INCIDENT DETAILS

Date of Incident: _____	
Details of Incident: _____	
Body area affected: _____ Skin broken: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bite <input type="checkbox"/>	Scratch <input type="checkbox"/> Saliva <input type="checkbox"/> Handling <input type="checkbox"/> Other: <input type="checkbox"/>
Family Physician: _____	Phone: _____

E ANIMAL OWNER INFORMATION (or person with custody of animal):

Owner: _____	Home phone <input type="checkbox"/>	Other: _____
Address (Permanent)		
Street #/911#	Street Name	Apt/Unit# City Postal code
(Temporary)		
Street #/911	Street Name	Apt/Unit City Postal code
Animal Species: Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Bat <input type="checkbox"/> Other: <input type="checkbox"/>
Name / Breed / Sex: _____		
Where is animal located now? _____		

