ANIMAL EXPOSURE REPORT
Infectious Diseases Program
Community Health Protection Department

REPORT ANIMAL EXPOSURE INCLUDING AFTER OFFICE HOURS BY CALLING: 613-345-5685 and FAX COMPLETED FORM TO: 613-345-5777

REPORTING AGENCY:	**Reported By:**
Date Reported:	**Date of Incident:**
Attending Physician (first & last name):	Attending Physician Phone #:

Animal Description: Dog ☐ Cat ☐ Bat ☐ Raccoon ☐ Other ☐ If other please state

Incident Type: Bite ☐ Scratch ☐ Saliva ☐ Other ☐ If other please state

Exposure Location on person's body:

PERSON EXPOSED (Please Print)

Surname:	First Name:	DOB (m/d/y):	M ☐	F ☐
Phone #:	Work #:	Cell #:		
Home Address:	Town/City:	Postal Code:		
Name of Parent/Guardian (if applicable):				
Work #:	Cell #:	Home Phone #:		
Family Physician *(first & last name)*:	Phone #:	Fax #:		

ANIMAL OWNER (Please Print)

Surname:	First Name:	M ☐	F ☐
Phone #:	Work #:	Cell #:	
Address:	Town/City:	Postal Code:	
Email:			
Additional Comments:			

REQUEST FOR PROPHYLAXIS (Please Print)

Consultation with Health Unit Employee:	Date:	Time:
Physician Requesting Post Exposure Prophylaxis:		
Hospital/Practice:		
Prophylaxis Ordered by:	Name of Person Vaccine Released to:	
Date Ordered:	Date Released:	

(FOR HOSPITAL USE) RABIES VACCINE		**(FOR HOSPITAL USE) IMMUNE GLOBULIN**	
# of VIALS:		# of VIALS:	Weight in kg:
Lot Number:	Expiry Date:	Lot Number:	Expiry Date:
Expiry Date:	Expiry Date:	Lot Number:	Expiry Date:

☐	Healthy individuals not previously immunized with rabies vaccine **(4 doses) OR**
☐	Immunocompromised persons (including those taking corticosteroids or other immunosuppressive agents and those who have immunosuppressive (illness) and those takng chloroquine and other antimalarials **(5 doses)**

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, S.O. 1990, H.7 and will be used for the provision of recording health information. Questions concerning the collection of this information should be directed to the Director of Community Health Protection Department of the Leeds, Grenville and Lanark District Health Unit, 458 Laurier Blvd., Brockville ON K6V 7A3. Phone: 613-345-5685.