

Rabies and Animal Exposure Incident Report

Report all animal exposure incidents to the Simcoe Muskoka District Health Unit and fax a copy of this form to the Health Protection Service.

OFFICE HOURS: Mon - Fri 8:30 am – 4:30 pm CALL: 705 721-7520 FAX: 705 721-1495

AFTER HOURS, WEEKENDS AND HOLIDAYS: CALL: 1 888 225-7851

Contact the health unit for urgent consultation regarding a suspicious animal exposure incident or for release of rabies post-exposure treatment pharmaceuticals.

Please fill out as much information as possible to allow proper response by the health unit.

A REPORTED BY:

Date Reported: _____ Person Reporting: _____

Treatment Centre/Hospital/Office: _____

Phone: _____ Extension: _____ Date of Incident: _____

Details As To How Incident Occurred: _____

B PATIENT/VICTIM INFORMATION:

Name: Mr/Ms/Mrs _____ Male Female

Date of Birth: _____ Phone: home: _____ bus: _____ cell: _____

Address: (permanent) _____

(temporary) _____

If patient/victim is not a permanent resident of the area, please ask the length of time they will be in the area.

Body area affected: _____ Bite Scratch Saliva Handling Other: _____

Skin broken: Yes No Provoked: Yes No

Family Physician: _____ Phone: _____

Additional Information: _____

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

Owner: _____ Phone: home: _____ bus _____

Address: (permanent) _____

(temporary) _____

If owner is not a permanent resident of the area, please ask the length of time they will be in the area.

Animal Species: Dog Cat Bat Other _____

Breed: _____ Colour: _____ Current rabies vaccination: Yes No Unknown

Where is animal located now? _____

PLEASE FAX THE COMPLETED COPY OF THIS FORM TO THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT: FAX 705-721-1495