

Rabies and Animal Exposure Incident Report

IMMEDIATELY FAX all animal exposure incidents to the Simcoe Muskoka District Health Unit:

FAX: 705-725-8132

For <u>suspicious animal exposures</u>, and head, face, neck exposures: Phone: (705) or (877) 721-7520 ext. 8811 For physician inquiries and release of rabies post-exposure prophylaxis: Phone: (705) or (877) 721-7520 ext. 8894

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

PLEASE PRINT CLEA	ARLY										
(A) REPORT/INTAKE	Ē										
Date Reported to SM	DHU:	YYYY/MIV	1M/DD F	Reporting Ag	ency (Name	of Hospital/	'Office/Police):				
Reporting Person and phone number (for additional file information):								Phone:		Ext:	
B PATIENT/VICTIN	и INFOR	MATION									
Name:							Legal Gender	Male \square	Female \square	х 🗆	
Parent Guardian Name (if patient is under 16yrs of age):											
Date of Birth: YYYY/MMM/D Phone: (Home) (Other)											
Permanent Address:			•	,							
	911#		Street Name		Apt/Unit#		City				
Temporary							Dates Effective:				
_	911#		Street Name		City						
(C) INCIDENT DETA	ILS										
Date of Incident:	YYYY	//MMM/D	D								
Details of Incident:											
-											
Body area affected:											
Exposure Type:	Exposure Type: Bite Scratch Saliva Handling Other (please specify):										
Skin broken:	Yes \square	No 🗆									
Family Physician: Phone or other contact info:											
ANIMAL OWNER INFORMATION (or person with custody of animal):											
Owner:				Phone:			(Other):				
Address of Owner:	911#		Street Name		Apt/Unit#		City				
_		. 0	_	٦.	Apt/Unit#		City				
Current Location of Animal:	Same a	s Owner L	☐ Other ☐	」: 		Street Name	e Apt/L	Init#	City		
	Dog 🗌	Cat \square	Bat \square	Other: \Box							
Breed and Full Descri	_				-						
	•	- 1		l-l-l- f 1'	lab IIte		- f			•	
		-					e for at least 10 da Unit Public Heal	=		oies.	
Do NOT euthanize animal involved unless authorized by Health Unit Public Health Inspector. The Health Unit does not remove healthy domestic animal from their owners.											