



# Animal Exposure Report

**Complete and Fax ASAP to: 1-855-934-5463  
or Email: PHI.intake@wdgpublichealth.ca**

Reporting Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Owner/Animal Information	Victim Information
Owner Name: _____ _____ Address: _____ _____ Phone Number: _____ Type of Animal: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bat <input type="checkbox"/> Other: _____ Details of Incident: _____ _____ _____ _____	Victim Name: _____ Address: _____ _____ Phone Number: _____ DOB: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Weight: _____ kg/lb Name of Guardian: _____ Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Handling <input type="checkbox"/> Other <input type="checkbox"/> Unknown Location of Wound: _____

Check box if rabies post-exposure prophylaxis started at hospital <input type="checkbox"/>				
<b>RIG</b>	<input type="checkbox"/> Imogam® <input type="checkbox"/> HyperRAB® <input type="checkbox"/> KamRAB™	Lot:	Exp:	Number of Vials:
<b>Vaccine</b>	<input type="checkbox"/> IMOVAX® <input type="checkbox"/> RABAVert®	Lot:	Exp:	Number of Vials:

The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Privacy Officer.