



# Animal Exposure Report

**Complete and Fax ASAP to: 1-855-934-5463**

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

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

Owner/Animal Information	Victim Information
Owner Name: _____ _____	Victim Name: _____
Address: _____ _____	Address: _____ _____
Phone Number: _____	Phone Number: _____
Type of Animal: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bat	DOB: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Other: _____	Weight: _____ kg/lb
Details of Incident: _____ _____ _____	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®	Lot: _____	Exp: _____	Number of Vials: _____
<b>Vaccine</b>	<input type="checkbox"/> IMOVAX®	<input type="checkbox"/> RABAvect®	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.