Services de santé du TIMISKAMING Health Unit

Animal Exposure NOTIFICATION FORM

Date reported: YEAR	MONTH	DAY	Reported by: _____ ☐ Blanche River Health ☐ Timiskaming Hospital ☐ OPP ☐ Other:

PATIENT/VICTIM INFORMATION

Name:			☐ Male ☐ Female ☐ Other
Parent Guardian Name (if patient is under 16 yrs of age):			
Date of Birth: YEAR	MONTH	DAY	Phone: ☐ Home ☐ Cell ☐ Work
Address: (permanent)			
Address: (temporary)			

INCIDENT DETAILS

Date of incident: YEAR	MONTH	DAY	Family/Attending Physician:
Location of incident: ADDRESS			
Body area affected:			
Skin broken:			☐ Bite ☐ Scratch ☐ Saliva ☐ Handling ☐ Other _____
PEP: ☐ PEP not recommended ☐ PEP recommended and refused ☐ PEP initiated			

ANIMAL INFORMATION (or person with custody of animal)

Owner:	Phone: ☐ Home ☐ Cell ☐ Work
Address: (permanent)	
Address: (temporary)	
Animal Species: ☐ Dog ☐ Cat ☐ Bat ☐ Other _____ ☐ Domestic ☐ Farm ☐ Stray ☐ Wild ☐ Rescue	
Breed and full description:	
Vaccination status: ☐ Vaccinated ☐ Unvaccinated ☐ Unknown vaccination	
Where is animal located now:	

To be completed by healthcare provider only

IF POST-EXPOSURE-PROPHYLAXIS HAS BEEN STARTED, PLEASE COMPLETE THE FOLLOWING:

Date & Provider:

Client weight: ☐ kg ☐ lbs	**Tetanus** Date: _____ Vaccine type: _____ Lot Number: _____
Agent: **Rabies Immune Globulin** Type: _____ Dose: _____ Lot Number(s): _____ Expiry Date(s): _____ Site of injection: _____	Agent: **Rabies Vaccine inactivated** Type: _____ Dose: _____ Lot Number(s): _____ Expiry Date(s): _____ Site of injection: _____

NOTE: PLEASE FAX FORM TO TIMISKAMING HEALTH UNIT
Confidential Fax # 705-647-5779
If incident occurs after hours, on a weekend or a statutory holiday, please call our **after-hours number 705-647-3033.**