

Animal Exposure Incident Report

IMMEDIATELY FAX all animal exposure incidents to Huron Perth Public Health:

FAX: Huron 1.844.935.1327 | Perth 519.271.2785

For URGENT consultations regarding a suspicious animal exposure, a head, face, or neck exposure, or for the release of rabies post-exposure prophylaxis:

PHONE: During OFFICE HOURS: 1-888-221-2133

AFTER HOURS, WEEKENDS AND HOLIDAYS: Huron County - 519.482.7077 Perth County - 1.800.431.2054

\overline{A}	REPORT/INTA	KE		(PLEAS	E PRINT CL	ARLY)					
Date Reported to :				Person Reporting:							
Treatment Centre/Hospital/Office: (Dr./Nurse/Officer/Veterinarian)				Attending Physician:							
\bigcirc B	PATIENT/VICT	TIM INFOR	MATION								
Nam	ne: Mr/Ms/Mrs							Male 🗌	Female		
Pare	Parent Guardian Name (if patient is under 16yrs of age):							Weight:		Kg/lbs	
Date	e of Birth: Home phone:							Other:			
Addı	ress: (Permanent)	Street #/911#		Street Name		Apt/Unit#	City		Postal code		
	(Temporary)	50.000.1751211		ou cet name		ripe, omen	City		i ostai oode		
	(1011,001,015)	Street #/911		Street Name		Apt/Unit	City		Postal code		
\bigcirc	POST EXPOSU	IRE PROPH	YLAXIS								
Pres	cribing Physician:										
HDC	DCV Lot # HDCV Expiry date										
RIG	RIG LOT # Expiry date										
RIG	RIG LOT # Expiry date										
$\left(D \right)$	INCIDENT DET	TAILS									
Date	e of Incident:										
Deta	ails of Incident:										
Body	y area affected:						Skin	broken: Yes	No 🗌		
Bite	Scrat	ch 🗌	Saliva 🗌	Handlir	ng 🗌	Other: 🗌					
Fam	ily Physician:					Phone:					
$\left(\ E \ ight)$	ANIMAL OWN	IER INFOR	MATION (o	r person w	ith custody	of anima	ıl):				
Own	ner:				Home phon	e 🔲		Other:			
Addı	ress (Permanent)										
		Street #/911#		Street Name		Apt/Unit#	City		Postal code		
	(Temporary)	Street #/911		Street Name		Apt/Unit	City		Postal code		
Anin	nal Species: Do	g 🔲	Cat	П	Bat 🗌		Other:				
	ed and Full Descrip		- 70	_							
	ere is animal locat										
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Investigation Notes:		