

RABIES CONTROL PROGRAM

ANIMAL TO HUMAN EXPOSURE REPORTING FORM

GENERAL INFORMATION

Date Reported (YYYY/MM/DD): _____ By: _____

Phone Number: _____ Time Reported: _____ Date of Incident: _____

EXPOSED PERSON

Last Name: _____ First Name: _____

Date of Birth (YYYY/MM/DD): _____ Male Female Other

Home Address: _____

Phone Number: _____ Alternative Phone Number: _____

Parent/Guardian: _____

Phone Number: _____ Alternative Phone Number: _____

Nature of Exposure: Bite Scratch Saliva Other: _____

Location of Wound: _____

Description of Incident: _____

Treatment Received: Yes Date Treated (YYYY/MM/DD): _____ No Unknown

Type: Tetanus Shot Antibiotics Sutures

Attending Physician: _____ Phone Number: _____

HEALTH UNIT OFFICE USE ONLY

N/A (within EOHU catchment area)

ANIMAL OWNER/ANIMAL INFORMATION

Animal Owned: Yes No

Last Name: _____ First Name: _____

Home Address: _____

Phone Number: _____ Alternative Phone Number: _____

Dog Cat Bat Other: _____ Name of Animal: _____

Description of Animal: _____

Rabies Vaccination Up-to-date: Yes Expiry Date (YYYY/MM/DD): _____ No Unknown

Veterinarian: _____ Phone Number: _____

Additional Comments: _____

HEALTH UNIT OFFICE USE ONLY

N/A (within EOHU catchment area)

PLEASE FAX COMPLETED FORM TO 613-933-7417

AFTER HOURS AND WEEKENDS

Biting incidents must be called in to 613-933-1375 or 1-800-267-7120 and press 7.
Ask to speak with the Rabies on-call Manager.

