



**ANIMAL EXPOSURE REPORT TO TIMISKAMING HEALTH UNIT**

Name of Reporting Health Care Facility \_\_\_\_\_

CLIENT NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

Male  Female Client Phone# \_\_\_\_\_

Client Address \_\_\_\_\_

Location of the bite on the client's body \_\_\_\_\_

Location of Incident \_\_\_\_\_ Date of Incident \_\_\_\_\_

Physicians Name \_\_\_\_\_ Physicians Phone# \_\_\_\_\_

**ANIMAL OWNER INFORMATION (If Known)** Name \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_

**SPECIES**

- Bat
- Cat, domestic
- Dog, domestic
- Ferret
- Livestock
- Raccoon
- Other
- Coyote
- Cat, stray
- Dog, stray
- Fox
- Skunk
- Rodents
- Unknown

**TYPE OF EXPOSURE**

- Bite (broke the skin)
- Mucous membrane exposed
- Open wound
- Scratch
- Other
- Unknown

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

Date & Provider:	
Client weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs	
Agent: Rabies Immune Globulin	Agent: Rabies Vaccine inactivated
Dose:	Dose:
Lot Number(s)	Lot Number(s)
Expiry Date(s)	Expiry Date(s)
Site of Injection:	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**