# 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 ____________<br>☐ 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**<br>Date: ____________<br>Vaccine type: ____________<br>Lot Number: ____________ |
| Agent: **Rabies Immune Globulin**<br>Type: ____________<br>Dose: ____________<br>Lot Number(s): ____________<br>Expiry Date(s): ____________<br>Site of injection: ____________ | Agent: **Rabies Vaccine inactivated**<br>Type: ____________<br>Dose: ____________<br>Lot Number(s): ____________<br>Expiry Date(s): ____________<br>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.**

Form N-503-I (03.14), rev (06.24)