



# Animal Bite / Exposure Reporting Form

Under Regulation 557, R.R.O., 1990, s2(1) & O. Reg. 420/07, s.1.: a healthcare provider, veterinarian, police officer, or any other person who has information regarding any animal bite, scratch or contact, must notify the Health Department as soon as possible and must provide the Health Department with the information that is required on this reporting form.

## Animal Bite / Exposure Reporting:

Upon completion of this form, fax to Durham Region Health Department at **905-666-1887**.

Office is located at 101 Consumers Drive, Whitby, Ontario L1N 1C4.

## Anti-Rabies Vaccine Orders:

Call 1-888-777-9613 ext. 4699 during business hours Monday to Friday (8:30 am and 4:30 pm).

Call 1-800-372-1104 after hours (weekdays between 4:30 pm and 8:30 am, weekends, and holidays) for a Public Health Inspector to be paged with your contact information and nature of the call.

## Please print legibly and complete all fields:

Reporting Health Care Provider or Agency name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of report (mm/dd/yyyy): \_\_\_\_\_

## Essential Information:

Date of Bite / Exposure: \_\_\_\_\_

Victim's name: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent or Guardian (if applicable): \_\_\_\_\_ Phone number: \_\_\_\_\_

Exposure (e.g. bite, scratch): \_\_\_\_\_ Location of wound: \_\_\_\_\_

## Animal and Owner Information (provide as much information as known)

Type of animal: \_\_\_\_\_ Description of animal: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Owner's address: \_\_\_\_\_