

DRHD use only: File #: _____ Inspector's Name: _____



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 fax number **905 666 1887**. Office located at 101 Consumers Drive, 2nd floor, Whitby, ON L1N 1C4.

Anti-Rabies Vaccine Orders:

Call 1 888 777 9613 during normal business hours Monday to Friday (between 8:30 AM to 4:30 PM).

Call 1 800 372 1104 after hours (weekdays between 4:30 PM and 8:30 AM, weekends and holidays) to have a Public Health Inspector paged with your contact information and nature of call.

Please print legibly and complete all fields:

Reporting Healthcare Provider/Agency: _____ Telephone No.: _____

Date of Report mm/dd/yyyy: _____

Essential Information:

Date of Bite/Exposure: _____

Victim's Name: _____

Date of Birth (mm/dd/yyyy): _____

Parent or Guardian (If applicable): _____

Telephone No.: _____

Address: _____
City _____ Postal Code _____

Nature of Exposure, i.e. bite, scratch: _____

Location & Description of wound: _____

Animal & Owner Information (provide as much information as known)

Type of Animal: _____

Description of Animal: _____

Owner's Name: _____

Telephone No.: _____

Owner's Address: _____
City _____ Postal Code _____