

REPORTING AN ANIMAL EXPOSURE?

Reporting healthcare provider should complete the form and fax to **416-696-4297**

OR

To report by telephone:

Call **416-338-7600** (weekdays 8:30 to 4:30 pm)

Call **311** (evenings, weekends & stat holidays)

ORDERING POST-EXPOSURE PROPHYLAXIS?

Do not use / complete this form.

Speak with TPH staff by telephone to discuss the risk assessment and/or to order PEP:

Call **416-338-7600** (weekdays 8:30 to 4:30 pm)

Call **311** (evenings, weekends & stat holidays)

Healthcare Provider Information (HCP)	Reporting Date (mm/dd/yyyy)				Ont. Govt. Pharmacy #		
	First Name		Last Name (or Single Name)		Telephone Number (incl. ext.)		
	Address (Num. & street)		Unit	City	Province	Postal Code	
Patient Information <small>*Patient ID label/MRN can be applied here</small>	First Name		Last Name (or Single Name)		DOB (mm/dd/yyyy)		
	Parent/Guardian Name (if victim under 16)			Telephone Number			
	Address (Num. & street)		Unit	City	Province	Postal Code	
Risk Assessment Details <small>(completed by HCP)</small>	Nature of Exposure				Bleeding / Break to Skin		
	Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other <input type="checkbox"/> If Other, Specify:				Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Wound Location				If Other, Specify:		
	Arm <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Leg <input type="checkbox"/> Mucosa <input type="checkbox"/> Torso <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/>						
	Incident Date (mm/dd/yyyy)		Incident Location (City, Province, Country)		Circumstances of Incident		
Animal Species				Provoked <input type="checkbox"/> Unprovoked <input type="checkbox"/>			
Cat <input type="checkbox"/> Dog <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other <input type="checkbox"/> If Other, Specify:							
Animal Information <small>(may be completed by HCP or patient)</small>	Owner/Custodian First Name		Owner/Custodian Last Name (or Single Name)		Telephone Number		
	Owner/Custodian Address (Num. & street)				Unit	City	Province
	Incident Description (include description of animal breed, colour, size, animal behaviour)				Postal Code		

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The information is used for enforcing the Act, processing demand calls, and aggregate statistical reporting. The information is used to conduct a Rabies Control investigation and for aggregate statistical reporting. Questions about this collection can be directed to Manager, Healthy Environments (Zoonotic Disease Program Lead) 5100 Yonge Street, Toronto, M2N 5V7. Telephone is 416-338-8410.