



GREY BRUCE HEALTH UNIT ANIMAL EXPOSURE REPORT

Please FAX completed report to 519-376-0980

Exposures do not need to be reported by telephone.

The information collected will be forwarded to a public health inspector for follow-up. This investigation is mandatory under the *Health Protection & Promotion Act*. Contact the municipality to determine any enforcement under local bylaws or *Dog Owners' Liability Act*. For more information on animal exposure investigations please visit our website at: <https://www.publichealthgreybruce.on.ca>

Date of Incident: _____

Reported by: _____

PATIENT

Patient's Name: _____

Parent or Guardian: _____

Gender: M or F

Birth Date (yy/mm/dd): _____

Permanent Address: _____

Town/City Postal Code

Temporary Address: _____

Town/City Postal Code

Home Phone: () _____

Cell Phone: () _____

Email: _____

Type of Exposure: (Please circle)

Bite Scratch Bat Mucous Membrane

Skin Broken: Yes No

PATIENT WEIGHT (KG) _____

Anatomical Location of Wound: _____

Where Treated: _____

Treated By: _____

Details of Incident: _____

Date Reported: _____

ANIMAL OWNER (or person with custody of animal)

Name: _____

Gender: M or F

Permanent Address: _____

Town/City Postal Code

Temporary Address: _____

Town/City Postal Code

Home Phone: () _____

Cell Phone: () _____

Email: _____

ANIMAL

Species: _____ Name: _____

Breed: _____ Colour: _____

Size/Weight: _____ Age: _____

Gender: M or F

Domestic Indoor Outdoor Wild Stray

Animal Vaccinated for Rabies: Yes No

Date Vaccinated _____ Tag #: _____

Veterinarian: _____

Address: _____

Phone: () _____

Provoked Unprovoked

Other Animals: Yes No _____

Vaccinated: Yes No