

RABIES CONTROL PROGRAM

ANIMAL TO HUMAN EXPOSURE REPORTING FORM

GENERAL INFORMATION

Date Reported (YYYY/MM/DD): _____ By: _____
Phone Number: _____ Time Reported: _____ Date of Incident: _____

EXPOSED PERSON

Last Name: _____ First Name: _____
Date of Birth (YYYY/MM/DD): _____ ☐ Male ☐ Female ☐ Other
Home Address: _____
Phone Number: _____ Alternative Phone Number: _____
Parent/Guardian: _____
Phone Number: _____ Alternative Phone Number: _____
Nature of Exposure: ☐ Bite ☐ Scratch ☐ Saliva ☐ Other: _____
Location of Wound: _____
Description of Incident: _____
Treatment Received: ☐ Yes Date Treated (YYYY/MM/DD): _____ ☐ No ☐ Unknown
Type: ☐ Tetanus Shot ☐ Antibiotics ☐ Sutures
Attending Physician: _____ Phone Number: _____

HEALTH UNIT OFFICE USE ONLY

☐ N/A (within EOHU catchment area)

ANIMAL OWNER/ANIMAL INFORMATION

Animal Owned: ☐ Yes ☐ No
Last Name: _____ First Name: _____
Home Address: _____
Phone Number: _____ Alternative Phone Number: _____
☐ Dog ☐ Cat ☐ Bat ☐ Other: _____ Name of Animal: _____
Description of Animal: _____
Rabies Vaccination Up-to-date: ☐ Yes Expiry Date (YYYY/MM/DD): _____ ☐ No ☐ Unknown
Veterinarian: _____ Phone Number: _____
Additional Comments: _____

HEALTH UNIT OFFICE USE ONLY

☐ N/A (within EOHU catchment area)

PLEASE FAX COMPLETED FORM TO 613-933-7417

AFTER HOURS AND WEEKENDS

Biting incidents must be called in to 613-933-1375 or 1-800-267-7120 and press 7.
Ask to speak with the Rabies on-call Manager.



EOHU.ca • 613-933-1375 • 1-800-267-7120



If you require this information in an alternate format, please call 1 800 267-7120 and press 0.