

TO REPORT AN ANIMAL EXPOSURE:

- During business hours (8:30am - 4:30pm), call Toronto Health Connection at **416-338-7600** or fax **416-696-4297**.
- After business hours, fax this form to **416-696-4297** or call **311** only if you need to speak to staff after hours.

TO ORDER RABIES POST-EXPOSURE TREATMENT, CALL TORONTO PUBLIC HEALTH:

- During business hours (8:30am - 4:30pm), call Toronto Health Connection at **416-338-7600**.
- After business hours, call **311**.

Reporting Information	Reported by (Last Name, First Name & Agency)		Telephone Number (incl. ext.)		Reporting Date (mm/dd/yyyy)	
	Victim Name (Last Name, First Name, Middle Initial)		DOB (mm/dd/yyyy)		Weight kg <input type="checkbox"/> lbs <input type="checkbox"/>	
Patient Information	Parent/Guardian Name (if victim under 18)		Telephone Number Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			
	Victim Address (Num., street, unit)		City	Province	Postal Code	
	Nature of Exposure Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			Confirmation of Exposure Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Description and Location of Wound (please be specific)					
Health Care Provider Information	Attending Physician Name (Last Name, First Name)			Ont. Govt. Pharmacy #		
	Organization (hospital / clinic name)			Telephone Number (incl. ext.)		
	Attending Physician Address (Num., street, unit)		City	Province	Postal Code	
	Family Physician Name (Last Name, First Name) – Same as above <input type="checkbox"/>			Telephone Number (incl. ext.)		
	Family Physician Address (Num., street, unit)		City	Province	Postal Code	
Incident Details	Incident Date (mm/dd/yyyy)		Incident Time (24hr clock)		Incident Location (City, Province, Country)	
	Circumstances of Incident Provoked <input type="checkbox"/> Unprovoked <input type="checkbox"/>			Reporting Agency File No.:		
	Incident Description					
Animal Information	Animal Owner / Custodian Name (Last Name, First name)		Telephone Number Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>			
	Animal Owner / Custodian (Num., street, unit)		City	Province	Postal Code	
	Animal Species Cat <input type="checkbox"/> Dog <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other <input type="checkbox"/> Specify _____					
	Animal Behaviour Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>		Description (breed, colour, name, sex, etc.)			