Office Use Only CASE #	



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:	ANIMAL OWNER (or pe
Reported by:	Name:
PATIENT	Gender: M or F
Patient's Name:	Permanent Address:
Parent or Guardian:	
Gender: M or F	Town/City Postal Code
Birth Date (yy/mm/dd):	Temporary Address:
Permanent Address:	
	Town/City Postal Code
Town/City Postal Code	Home Phone: ()
Temporary Address:	Cell Phone: ()
	Email:
Town/City Postal Code	ANIMAL
Home Phone: ()	
Cell Phone: ()	Species:
Email:	Breed:
Eman.	Size/Weight:Age
Type of Exposure: (Please circle)	Gender: M or F
Bite □ Scratch □ Bat □ Mucous Membrane □	Domestic ☐ Indoor ☐ Or
Skin Broken: Yes □ No □	Animal Vaccinated for Rab
PATIENT WEIGHT (KG)	Date Vaccinated
Anatomical Location of Wound:	Veterinarian:
Where Treated:	Address:
Treated By:	Phone: ()
	Provoked Unprovol
Details of Incident:	Other Animals: Yes
	Vaccinated: Yes

ANIMAL OWNER (or p	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:A	ge:
Gender: M or F	
Domestic □ Indoor □	Outdoor □ Wild □ Stray□
Animal Vaccinated for Ra	abies: Yes □ No □
Date Vaccinated	Tag #:
Address:	
Provoked □ Unprov	voked \square
Other Animals: Yes	No
Vaccinated: Yes	No

This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, the *Personal Health Information Protection Act*, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use disclosure and disposal of information. Any questions regarding this collection may be directed to the Director of Corporate Services at 101 17th Street East Owen Sound, N4K 0A5, (519) 376-9420.

Date Reported: