

ANIMAL EXPOSURE INCIDENT REPORT

Date: _____ Reporting Agency: _____ Phone: _____

All information must be filled in

PEP ADMINISTERED Y | N

PERSON EXPOSED

Name: _____ Date of Birth: _____ Gender: _____

Parent or guardian contact name (if under 16 years of age): _____

Phone: _____ Email: _____

Address: _____
(Unit #) (Street) (City/Prov) (Postal code)

Date exposed to the animal: _____ Time: _____ AM | PM

Type of exposure: Bite | Scratch | Non-bite | Handling | Other: _____

Location of wound(s) on body: Face | Head | Neck | Other: _____

Address of incident: _____

Details of incident: _____

ANIMAL INFORMATION

Dog ☐ Cat ☐ Bat ☐ Other: _____ Name (of pet): _____

Description of animal: (Breed, Colour, etc.) _____ Stray ☐

Owner Name: _____ Phone: _____

Email Address: _____

Address: _____
(Unit #) (Street) (City/Prov.) (Postal Code)

Animal Vaccinated: Y | N Date Vaccinated: _____
(mmm/dd/yyyy)

Veterinary Clinic: _____ Animal Alive Y | N

NOTICE OF COLLECTION

When you seek care or service from us, we collect, use, and share your personal health information only as necessary to provide care or service to you. The collected information is used and/or shared under the Health Protection and Promotion Act, R.S.O. 1990. We will not collect, use, or share your personal health information for any other reason unless we have your permission, or the law permits or requires it. Any questions about the collection of this information can be directed to the MLHU Privacy Officer at privacy@mlhu.on.ca.