



St. Thomas Site
1230 Talbot Street
St. Thomas N5P 1G9
519-631-9900

Woodstock Site
410 Buller Street
Woodstock N4S 4N2
519-421-9901

1-800-922-0096 | www.swpublichealth.ca

POSSIBLE ANIMAL RABIES EXPOSURE REPORT FORM

FAX THIS REPORT TO: 519-539-5059

(This number might be long distance in some areas)

Reporting Agency: _____

Date: _____

Reported by (Name): _____

Contact Telephone No. () _____



Details of Individual Exposed/Bitten

Name _____ Sex ____ D.O.B. _____ Age _____ Weight: _____
Kg. Lbs.

Full Address _____ City/Municipality _____

Parent/Guardian _____ Phone _____

Alternate Phone _____ Email _____

Type of Exposure: Bite (Broke the Skin) Mucous Membrane Exposure Scratch
 Other _____

Victim Previously Immunized with Rabies Vaccine: Yes No Date Vaccinated: _____

Victim Immunocompromised: Yes No

Location of Wound (e.g. right hand, left ankle) _____

Local treatment of the wound: Yes No Attending Dr. _____

Family Dr. _____ Date Seen by Dr. _____

Date of Incident _____

Describe incident: _____

Animal Owner's Name: _____ Phone _____

Full Address _____ City/Municipality _____

Postal Code _____

Type of Animal: Dog Cat Bat Other (description): _____

Name of Animal: _____ Breed of Animal: _____

Colour: _____ Size: _____