

Interjurisdictional Referral Following an Animal Exposure

☐ For Information Only

- ☐ Action required: ☐ Victim AND Animal Require Follow-Up (Complete All Sections)
☐ Victim Requires Follow-Up (Referring Jurisdiction complete I and II)
☐ Status of Animal Required (Referring Jurisdiction complete II and III)
☐ Assess Other Humans for Exposure (Referring Jurisdiction complete II and III)

DATE OF REFERRAL:

FROM (SK Health Jurisdiction):

TO (Out-of-Province Health Jurisdiction):

I. Demographic Details of Exposed Person (Complete only if victim requires follow-up)

Name:	Date of Birth (YYYY-MM-DD):
Address:	Health Services Number:
Phone Number:	E-mail:

II. Exposure and Assessment Details (Complete in all referrals)

Date of Exposure (YYYY-MM-DD):	Type of Animal:	Body Site/Type of Exposure (eg. head/arm, eg. bite/scratch):
Assessment of Exposure ¹ : <input type="checkbox"/> High Risk Exposure <input type="checkbox"/> Low Risk Exposure		
Has Rabies Post-Exposure Prophylaxis (RPEP) been recommended?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Date Started (YYYY-MM-DD): _____ <input type="checkbox"/> Awaiting Animal Observation/Testing Results – Date Expected (YYYY-MM-DD): _____ <input type="checkbox"/> Assessment Not Completed – Please Assess for Possible Exposure		

III. Contact Information of Owner of Animal (Complete if animal requires follow-up)

Name of Owner:	Phone Number:	Address:
Relationship of owner to the exposed person:		
<input type="checkbox"/> Same <input type="checkbox"/> Family Member <input type="checkbox"/> Unknown <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____		
Name of Animal:	Type of Animal (e.g. dog/cat/other):	Status of Animal:
		<input type="checkbox"/> Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown
Additional details related to the animal (e.g. description of animal). Include rabies status if known:		

IV. Public Health Contact Details – Receiving Agency please direct inquiries and response to:

Name/Title:	Phone Number:	
Results of the completed assessment required?	Fax Attention To:	Fax Number:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

¹High Risk (unprovoked, stray animals or animals with unusual behaviour, significant exposure); Low Risk (provoked, vaccinated animal or animal known to victim, etc.)

Additional Details of Incident That May Assist the Investigator: