

## Interjurisdictional Referral Following an Animal Exposure

- 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)
- For Information Only

FROM (Health Region)	TO (Health Region/Jurisdiction)
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### I. Demographic Details of Exposed Person (Complete only if victim requires follow-up)

Name:	Date of Birth (YYYY/MM/DD):	
Address:	Health Services Number:	
Contact Information		
Home phone :	Cell:	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 <sup>1</sup> : <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:	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: _____	
Phone Number(s):	Address:	
Name of Animal:	Type of Animal (eg. 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 direct inquiries to:

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

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

