Ottawa | Public Health
Santé publique

Patient Sticker Here

ANIMAL BITE EXPOSURE REPORT

FAX: Report all animal bites/exposures to Ottawa Public Health by completing this form and **faxing to 613-580-9648.**

PHONE: You can speak with a Public Health Inspector (PHI) to report directly or to discuss the risk assessment and recommendation of Rabies Post Exposure Prophylaxis (RPEP) including rabies immune globulin (RabIG):

- During regular business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.): call 613-580-6744.
  - After choosing your language, select "2" for health care provider, then "1" to report something, then "1" to report an animal bite or to discuss RPEP.
- After hours, weekends, and statutory holidays: call 3-1-1 and request to speak to the on-call PHI.

ONLINE: You can report animal bites/exposures and RPEP on a secure webform: ottawapublichealth.ca/hcprabies

Person Reporting:	Phone:
Contact person for your office:	Clinic/Hospital/Other:

Personal information contained on this form is collected under the authority of the Health Protection and Promotion Act for the purposes of investigation by Ottawa Public Health. Any questions about the information requested on this form shall be directed to the Program Manager, Healthy Environments, Ottawa Public Health.

Person exposed (*if information not included on patient sticker*)	
Last name:	First name:
Phone:	E-mail address:
Address:	
Parent or guardian name and phone number (if minor):	
Date(s) previous rabies vaccine(s) received:	
Exposure details	
Date exposed to animal:	Time:
Animal type: ☐ Dog ☐ Cat ☐ Bat ☐ Other:	
Type of exposure: ☐ Bite ☐ Scratch ☐ Bat ☐ Other:	
Location of wound(s) on body: ☐ Head/Neck ☐ Hand/Finger ☐ Other:	
Summary of incident:	
Location of incident (address):	
Animal information	
Animal Owner Name:	☐ Owner unknown ☐ Exposed refused to provide
Address:	City/Town:
Phone:	Animal Vaccinated: ☐ Yes ☐ No Date:
Name (if pet):	Name of Veterinary Clinic:
Description of Animal:	
Rabies Post-Exposure Prophylaxis (RPEP) ***Call OPH** before initiating RPEP **613-580-6744** or **3-1-1** after-hours*	
Patient Date of Birth:	Patient Health Card #:
Physician Name/CPSO#:	Patient Body Weight: ☐ kg ☐ lb
*Vaccine: ☐ Imovax ☐ RabAvert	*Vaccine Lot Number:
*Immune globulin: ☐ Units ☐ mL	*RabIG Lot Number:

Last updated 09/2025