

Zoonotic Diseases Reporting Form

For Veterinarian Use Only

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 557: Communicable Diseases – General outlines the requirements for veterinarians to report a suspect or confirmed case of a reportable zoonotic disease in an animal to the Medical Officer of Health.

Completion of **both pages** of this form is required.

REPORTING INFORMATION				
DATE REPORTED VETERINARIAN NAME			PHONE NUMBER	
FACILITY NAME				
ADDRESS				
(STREET/UNIT)		(CITY)	(POSTAL CODE)	
REPORTABLE ZOONOTIC DISI	EASE			
☐ Avian Chlamydiosis	- 10-2			
☐ Avian Influenza				
☐ Novel Influenza				
☐ Echinococcus multilocu	<i>ılaris</i> Infection			
☐ Animal Tuberculosis (T	B)			
REPORT TYPE				
☐ Suspect (No Lab Tests				
☐ Suspect (Lab Results Pe				
☐ Confirmed (Attach Lab	Results)			
ANIMAL INFORMATION				
NAME				
IVAIVIL				
SPECIES				
DESCRIPTION				
CURRENT LOCATION				
(STREET/UNIT)	Τ	(CITY)	(POSTAL CODE)	
CURRENT HEALTH STATUS	CLINICAL SIGN(S) OF ILLNESS		ONSET DATE OF CLINICAL SIGN(S)	
☐ Alive and Well				
☐ Sick				
□ Deceased				

ANIMAL OWNER/CARETAKER INFORMATION				
OWNER/CARETAKER NAME				
	(FIRST)	(LAST)		
OWNER/CARETAKER	SAME AS CURRENT ANIMAL LOCATION	PHONE NUMBER		
ADDRESS	☐ Yes			
	□ No			
IF NO, PLEASE PROVIDE FULL ADDRESS				
(STREET/UNIT)	(CITY)	(POSTAL CODE)		
•	,	,		
Please advise the animal owner/caretaker that the Health Unit will be contacting them for follow-up.				

Please fax or email this completed form to the Environmental Health Department at 226-783-2113 or rabiesfax@wechu.org. If you have questions regarding this form, please call 519-258-2146 ext. 4475.

Note: The personal information is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The information is used to conduct a Zoonotic disease investigation and for aggregate statistical reporting. If you have any questions about this form, please contact Manager, Environmental Health Department at 519-258-2146 ext. 3156