





Animal Vaccinated: No Unknown Yes"" , please provide details/dates:

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'Owner Name:		Address:		Home Phone #:	
				Work Phone #:	

Animal Observation	Date	Inspected by:	Observation comments
First Inspection on Day 1			
Second Inspection on Day 5 ( in case where bite to head region)			
Last inspection on day 10 <sup>2</sup>			

Animal Retention Result: Became Ill Released Natural Death Destroyed Escaped

Brain Sent for Testing? Yes Date sent: No Why not? \_\_\_\_\_

Primary Lab Results: Positive Negative Final Lab Results: Positive Negative

Tetanus Recommendation: Indicated? Yes No

Administered? Yes Date: No Why not?

Rabies Immune Globulin & HDCV Recommendation:

Recommended Not recommended Unknown at this time if recommended, complete immunization record (below)

Date received:	Date MHO Review:	Date sent to CFIA:
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**Immunization Information**

RIG Dosage: Weight in kg = \_\_\_\_\_ × 20 IU / kg = \_\_\_\_\_ IU (2 mL vial contains 300 IU = 150 IU/mL) = \_\_\_\_\_ mL

Date:		Site(s)/Amount (ml) _____		Administered by: _____	
Vaccine (HDCV): Lot #/Expiry Date	Series	Date	Administered by	If series not completed, why not?	
	1 <sup>st</sup> Dose		_____	Animal well after observation period	
	Day 3		_____	Animal results negative	
	Day 7		_____	Victim previously immunized	
	Day 14		_____	Victim refused further doses	
	Day 28 <sup>3</sup>		_____	Lost to follow-up	
				Referred out of province	
				Other _____	

Remarks (e.g. vaccine reactions):

MHO or Designate Signature:	Date:
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Please return the completed form to Northern Inter Tribal Health Authority @ Fax: (306) 953-5020.

<sup>2</sup> Check on animal condition on day 9 and day 11 if day 10 falls on weekend or statutory holiday

<sup>3</sup> Only required for immunocompromised individuals