PETTING ZOO VENDOR APPLICATION FORM FOR SPECIAL EVENTS

If you require assistance completing this form, please contact York Region *Health Connection* at **1-800-361-5653**, **option 4**. Completed forms are to be emailed to: **health.inspectors@york.ca** or faxed to **905-898-8277**.

OPERATOR INFORMATION (should be valid for at least 30 days	after the event)				
Name:	Address:				
Email address:	Business Phone Number:	Cell Phone Number:			
Alternate Contact Name:	Alternate Contact Phone:				
EVENT INFORMATION					
Event Name:	Event Address/Location:				
Date(s) Vendor is Participating at Event:					
Hours of Operation:					
ANIMAL INVENTORY AVAILABLE TO THE PUBLIC (if you need additional space to list all animals, attach a separate page)					
ANIIVIAL INVENTORY AVAILABLE TO THE PUBLIC (I) you nee	d daditional space to list all animals	s, attach a separate page)			
Type of Animal		on Display			
	Quantity	on Display			

Operator should review "Recommendations to Prevent Disease and Injury Associated with Petting Zoos in Ontario"

for information on infection prevention where the public contacts animals.

PUBLIC HEALTH

1-877-464-9675 TTY 1-866-512-6228 york.ca/InfectionPrevention



HAND HYGIENE STATIONS					
-	nd to allow for the public to conduction and washing stations		nd hygiene? (check all that apply) Placement of stations upon entry &	k exit	
□ Lic	quid soap with paper towels		Placement of station at each anima		
	arbage receptacles Icohol-based hand sanitizer stations	: (pro	duct has Natural Product Number)		
SIGNAGE					
How do you inten	How do you intend to instruct the public on hand hygiene? (check all that apply)				
	signage on when hand hygiene		Post instructional signage at each h	hand hygiene	
	uld take place : signage identifying high risk ips		station Other – specify:		
ISOLATION AREA					
Will there be an is	solation area available for ill/injure	∍d/di	stressed animals?	□ No	
LAYOUT FOR PETTING ZOO – THIS SECTION MUST BE COMPLETED					
	your Petting Zoo at the special event. The la				
animals NOTES/COMMEN	176				
NOTES/COMMEN	15				
v	/endor's Name Ve	ndor	r's Signature Date ((dd/mm/yyyy)	

NOTICE OF COLLECTION

Personal information requested by staff is collected under the authority of the Health Protection and Promotion Act and will be used to provide statistical data to the Ministry of Health and Long-Term Care.