VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
Tel. (213) 989-7060 or 877-747-2243 Fax (213) 481-2375
publichealth.lacounty.gov/vet

County of Los Angeles
Public Health

Animal Disease/Death Reporting Form

(if the disease you are reporting has a specific form, ideally use that form instead)

Date form completed___________

SUSPECTED DISEASE/CONDITION BEING REPORTED: ________________________________

1. Animal Information

Type of animal involved: □ Domestic Pet □ Livestock □ Wild animal □ Exotic □ Zoo animal

Number of animals: □ One □ Multiple (give number __________)

Species of Animal ____

Other Identifying Information:

Breed ______________________ Color ________________

Sex ______________________ Name ________________

Age ______________________ IMPOUND # ________________

2. Animal Owner (if applicable)

Name(s)
Address
City, ZIP
Telephone:

Is it okay for Public Health to call the owner(s) to ask more about the history? □ YES □ NO

3. Animal Location (where in community animal originated, if not same as owner)

Name(s)
Address
City, ZIP

4. Reporting Veterinary Clinic or Shelter

Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

5. History

Date of onset of first symptoms_________________ Date of presentation_________________

Date of death(s), if applicable___________________

History (include vaccine history, if applicable):

Fax 2-page form to: (213) 481-2375 **2013**

5/2013

6. Clinical Findings

Highest body temperature measured___________________

Physical Examination

	Normal		Comments
General:	□ Yes	□ No	______________________________
Skin:	□ Yes	□ No	______________________________
Head Area:	□ Yes	□ No	______________________________
Respiratory:	□ Yes	□ No	______________________________
Cardiovascular:	□ Yes	□ No	______________________________
Abdomen/digestive:	□ Yes	□ No	______________________________
Urogenital:	□ Yes	□ No	______________________________
Musculoskeletal:	□ Yes	□ No	______________________________
Nervous:	□ Yes	□ No	______________________________
Lymph nodes:	□ Yes	□ No	______________________________
Other:	□ Yes	□ No	______________________________

7. Treatment.

Please describe treatment given, particularly antibacterial, antiviral, antifungal, antiparasitic.

Treatment Date	Describe Treatment
1. ____________	______________________________
2. ____________	______________________________
3. ____________	______________________________

8. Laboratory results

Please fax all laboratory results to us along with this form.

9. Additional comments.

Please use an additional sheet if needed.

Fax 2-page form to: (213) 481-2375

2013

5/2013

COUNTY OF LOS ANGELES
Public Health

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
Tel. (213)-989-7060 or (877)747-2243 Fax (213)481-2375
publichealth.lacounty.gov/vet

Canine Brucellosis Reporting Form

Date form completed___________

1. Dog
Name________________Breed______________________Sex/Neut_________Age_________

2. Dog Owner
Name(s)
Street :
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian
Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. Exposure History
- How long has the owner had the dog?____
- Where did the owner get the dog? Please list name and address of animal shelter/rescue group/breeder/private party.____

____
- If this dog is spayed/neutered, please note the approximate date of the procedure____________________
- Are there any other dogs in the household?..□ YES □ NO
  If YES, how many other dogs are in the home?____
- Do any other dogs in the household have the same clinical signs? ………… ………………….□ YES □ NO
- Has the dog ever mated with another dog (intentional breeding or not)?.......……………...…..□ YES □ NO
  (If YES, please fill out another form for the dog with which it mated.)
- Has this dog ever been in contact with cattle, goats, sheep, pigs, deer, or rodents?.....................□YES □ NO
  If YES, please describe____
- Is there any known illness in humans that handled the dog? ………… ………………………...□ YES □ NO

5. Clinical Findings
Date of onset of first symptoms_____________Date of presentation_____________
Date of death (if applicable)________________
Highest body temperature measured _________________________

Check all that apply:

□ no clinical signs □ fever □ lethargy □ exercise intolerance
□ urinary tract infection □ abortion □ diskospondylitis □ epididymitis
□ ocular lesions □ enlarged lymph nodes. Node locations:__________________________________
□ other____

6. Laboratory results.
Please fax all laboratory results to us along with this form.

Fax to: (213) 481-2375 **2013**
5/2013

COUNTY OF LOS ANGELES
Public Health

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
Tel. (213) 929-7060 or 877-747-2243 Fax (213) 481-2375
publichealth.lacounty.gov/vet

Coccidioidomycosis Report Form

Date form completed___________

1. Animal
□ Dog □ Cat □ Horse □ Llama □ Other ________________________
Name____________________Breed_________________________________Sex/Neut_________Age_________

2. Animal Owner
Name(s):
Street:
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? □ YES □ NO

3. Reporting Veterinarian
Name of veterinarian or technician:
Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. Exposure History

Lives primarily outdoors (more than 50% of time)	□ Yes	□ No
Digs in soil frequently	□ Yes	□ No
Lives within site of earth excavation	□ Yes	□ No
Lives on a dirt road	□ Yes	□ No
In dust storm within 2 months before illness.	□ Yes	□ No
Traveled outside Los Angeles County in 2 months before illness	□ Yes	□ No

If Yes, please check areas of travel
□ Southern California (outside of LA County) □ Central California/San Joaquin Valley
□ Other U.S. State:________________________ □ Mexico or Central /South America

5. Clinical Findings
Date of onset of first symptoms_____________Date of presentation_________________
Date of death (if applicable)________________
Highest body temperature measured _________________________
Check all that apply: □ Cough □ Fever □Weight loss □ Lameness
□ Enlarged lymph node(s) □ Eye lesions □ Pneumonia/Pulmonary
Anatomic location of lesions:____

6. Treatment (drug, duration):
Potential drug resistance seen? Explain:

7. Laboratory results
Please fax all laboratory results to us along with this form.

Fax form and lab results to: (213) 481-2375 **2014**
Rev 3/2014 EB

COUNTY OF LOS ANGELES
Public Health

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375
publichealth.lacounty.gov/vet

Heartworm Report Form

Date form completed___________

1. Pet
□ Dog □ Cat

Name________________________Breed_______________________________Sex/Neut__________Age_________

2. Pet Owner
Name(s):
Street:
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? □ YES □ NO

3. Reporting Veterinarian
Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. Exposure History
Exposure/travel outside of Los Angeles County? □ Yes □ No
Location and approximate dates: ____
On heartworm preventative before diagnosis ? □Yes □ No (preventative:__________________________)
If Yes, what do you suspect is the cause of prevention failure
□ Drug resistance □ Irregular dosing □ Other. Explain____________________________

5. Clinical Findings
Date of onset ______________Date of presentation__________________
Date of death_________________
Clinical Signs (check all that apply)
□ None □ Cough □ Fatigue □ Heart failure
□ Other ____
Thoracic radiographs taken? □ Yes □ No
Comment on radiograph findings: ____

6. Tests and Treatment
Heartworm blood test date	Test (Ag, Ab, microfilaria)	Test Result
1. _________________	_________________________	________________________
2. _________________	_________________________	________________________
3. _________________	_________________________	________________________

Treatment Date	Treatment
1. _________________	____
2. _________________	____
3. _________________	____

Fax to: (213) 481-2375

2014

Rev 5/2014 EB

County of Los Angeles
Public Health

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
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publichealth.lacounty.gov/vet

Canine Hemorrhagic Gastroenteritis (HGE) Reporting Form

Overview: In the winters of 2004, 2005, 2006, and 2008 seasonal outbreaks of mild to moderately severe bloody diarrhea in dogs in LA County were reported to this office. As of yet, no clear cause of the seasonality of this condition has been uncovered. Please continue to report cases.

Date form completed___________

1. Dog Information

Name ______________________________Breed_____________________________________Sex ____________

Age _______________________Color _______________________

2. Dog Owner

Name(s)

Address

City, ZIP

Telephone:

Is it okay for Public Health to call the owner(s) to ask more about the history? □ YES □ NO

3. Reporting Veterinarian

Name of veterinarian or technician:

Vet Clinic Name:

Address:

City, ZIP:

Telephone Fax E-mail:

4. Clinical Course

a. Date of onset of first symptoms__________________ **b**. Date of presentation__________________

c. Date of death(s), if applicable____________________

d. Fever? YES NO If yes, highest temperature detected =_____________________

e. Clinical Signs (check all that apply):

□ Anorexia
□ Lethargy
□ Vomiting
□ Diarrhea-watery
□ Diarrhea – soft stool
□ Diarrhea – bloody
□ Diarrhea - tarry/black stool
□ Diarrhea - mucoid
□ Other clinical signs (list):

f. Already recovered as of date form filled out? □ YES □ NO □ UNKNOWN

g. Rate of recovery if known (circle one):

□ Fast (1-2 days)
□ Slow (3-5 days)
□ Very Slow (6+ days)
□ Waxing and Waning – no clear recovery
□ No recovery – chronic illness or euthanized/died

5. Exposure/Possible Causes

a. Did dog have any exposure to raw fish (especially Salmon or trout)? ◻ YES ◻ NO

b. Did the ill dog tend to eat dropped fruit or berries from trees in the environment? ◻ YES ◻ NO

c. Current brands of dry and canned dog food being fed:______________________________

____

d. Current type, brands of treats (dry biscuits, jerky treats, rawhide, etc)______________________________

____

e. Dietary indiscretion by dog in week before onset (i.e trash, swallowed a toy, etc)? ◻ YES ◻ NO

f. Dog's regular diet changed in the week before onset? ◻ YES ◻ NO

g. Any humans in the house have (or recently had) similar symptoms? ◻ YES ◻ NO

h. Any other dogs, cats, or other pets in the home have similar symptoms? ◻ YES ◻ NO

i. Any traveling with dog in the week before illness onset? ◻ YES ◻ NO

j. Does dog leave its property regularly (walks, escapes)? ◻ YES ◻ NO

k. Does dog have regular access to wildlife or feces/urine from wildlife? ◻ YES ◻ NO

l. Does owner/veterinarian have any theories about the cause of the dog's illness? ◻ YES ◻ NO

m. EXPLAIN. If there was a YES answer to any of the above questions, please use the space below to explain:

6. Treatment.

a. IV fluids administered? ◻ YES ◻ NO

b. Subcutaneous fluids administered? ◻ YES ◻ NO

c. Medications. Please **LIST** the names of all drugs (antibiotics,antiparasiotics, antidiarrheals, etc.) used and route of administration (IV, PO, SQ etc). You do not need to note the dose or frequency of use.

7. Laboratory results

a. In-house Parvo SNAP test result: ◻ Negative ◻ Positive ◻ Not done

b. In-house fecal testing (type of test, result)______________________________

c. Please FAX all laboratory results to us along with this form.

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
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Imported Animal Illness or Death Reporting Form

Animals that were recently imported from another country may be ill from diseases that are not common in Los Angeles County. Your reports help detect and limit the spread of imported diseases.

Date form completed___________

1. Animal

Name_______________Species_______________Breed___________________Sex/Neut_________Age_______

2. Animal Owner

Name(s) :
Street :
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian

Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. Importation History

Country of origin ________________________________Date of Importation______________________
Is the owner also the importer? □ Yes □ No
If No, animal was purchased from:

□ Newspaper classified ad □ Online classified ad
□ Pennysaver ad □ Retail pet store
□ Breeder □ Swap Meet
□ Other____

5. Clinical Findings

Date of onset of symptoms_____________Date of presentation_________________
Date of death (if applicable)________________

Summary of clinical signs:

Suspected condition being reported (if unknown, please state this):

6. Laboratory results.

Please fax all relevant laboratory results along with this form.

Fax to: (213) 481-2375 **2013**

5/2013

COUNTY OF LOS ANGELES
Public Health

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
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publichealth.lacounty.gov/vet

Influenza Reporting Form

Date form completed___________

1. Animal
Name________________Species_____________Breed____________________Sex/Neut_____Age_____

2. Dog Owner
Name(s) :
Street :
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? □ **YES** □ **NO**

3. Reporting Veterinarian
Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. History
DHLPP or FVRCP. Date of last 2 – 3 vaccines if known ____________ ____________ ____________
Bordetella (dogs). Date of last 2 Bordetella vaccines. ________________ □ Intranasal □ Injectable
________________ □ Intranasal □ Injectable

Potential exposure history
□ Another sick animal or person in home □ Dog or cat show □ Kennel visit
□ Exposure to stray □ Pet store □ Shelter visit
□ Dog park □ Other ____

5. Clinical Findings
Date of onset of first symptoms______________Date of presentation__________________
Date of death (if applicable)_________________
Highest body temperature measured: __________________
Check all that apply:
□ Cough □ Nasal discharge □ Sneezing
□ Fever □ Chest X-rays taken □ Patient hospitalized
□ IV fluids given □ Supplemental oxygen given

If nasal discharge present, please note: color, consistency, uni- or bilateral: _______________________________
If chest radiographs were taken, please describe what was seen: ____
Name of medications used in treatment: ____
Amount of time it took pet to recover: ____
Date(s) serum drawn ____
Other comments ____

6. Laboratory results - Please fax all laboratory results to us along with this form.

Fax to: (213) 481-2375 **2013**
5/2013

COUNTY OF LOS ANGELES
Public Health

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
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publichealth.lacounty.gov/vet

Leptospirosis Report Form

Date form completed___________

1. Dog Name________________Breed______________________Sex/Neut_________Age_________

2. Dog Owner
Name:
Address:
City, ZIP:
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? □ YES □ NO

3. Veterinarian
Name of veterinarian or technician:
Clinic Name:
Address:
City, ZIP:
Telephone: Fax: E-mail:

4. Exposure History
Vaccinated against *Leptospira* before illness? □ Yes □ No
Date of last *Leptospira* vaccination : ________________□ bivalent □ quadrivalent
Travel outside of Los Angeles County? □ Yes □ No
Travel locations, approx dates: ____
Animal exposures: □ Skunks □ Opossums □ Raccoons □ Deer
□ Rats □ Mice □ Pigs □ Cattle □ Horses
Other exposure: ____

5. Clinical Findings
Date of onset ________________Date of presentation_________________
Date of death ________________Highest body temperature measured _________________
Clinical signs:
□ Polyuria □ Polydipsia □ Vomiting □ Diarrhea □ Icterus
□ Lethargy □ Anorexia □ Other (describe):

6. Treatment antibiotic(s), duration):

7. Laboratory results Please send in related laboratory results (disease tests, cbc, chem etc) with form.

Fax to: (213) 481-2375 **2010**
Rev 4/2010 EB

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
Tel. (213) 989-7060 or (877) 747-2243 Fax (213) 481-2375
publichealth.lacounty.gov/vet

Animal Methicillin-Resistant *Staphylococcus* Reporting Form

Please report all Methicillin-resistant *Staphylococcus* species, including *S. aureus* (MRSA), *S. schleiferi* (MRSS), and *S. pseudointermedius* (MRSP).

Date form completed___________

1. Animal

□ Dog □ Cat □ Horse □ Bird □ Other ___________________________
Name______________________Breed______________________________Sex/Neut__________Age_________

2. Animal Owner

Name(s)
Address
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian

Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. Exposure History

Any associated human illness? □ YES □ NO
Any other animals in family ill from bacteria? □ YES □ NO

5. Clinical Findings

Date of onset at home_______________Date of presentation_____________Date of death (if applicable)__________
Check all that apply:
□ Fever (highest body temperature measured _______________)
□ Abscess □ Skin lesions/dermatitis □ Skin lesion/mass-like
□ Otitis externa □ Urinary tract infection □ Post-operative infection
□ Intravenous catheter □ Surgical implant □ Septic arthritis
□ Other_______________________Location of lesion(s) on body____
Were any pictures taken of the lesion(s)? □ Yes □ No

6. Treatment.

Please comment on antibiotics administered and response to treatment.

7. Laboratory results.

Please fax all bacterial cultures and other lab results in along with form.

Fax to: (213) 481-7060 **2013**

PARVO Tracking Sheet

THANK YOU FOR HELPING US FIGHT PARVO!

	Name	Breed	Age	Date seen by clinic	Clinical Signs	Vaccination Status before illness	Parvo Snap Test Result	ZIP code dog came from
(example)	"Lucky" Baldwin	Pit X	5 mo	9/2/2010	☒ vomiting ☐ anorexia ☒ fever ☐ diarrhea(brown) ☒ diarrhea(bloody) ☐ diarrhea(yellow) ☐ moribund	☒ Never vax ☐ Unknown ☐ Incomplete vax ☐ Fully vax	☒ SNAP (or other) test (+) ☐ SNAP test (-) but symptoms like parvo ☐ Test declined -symptoms like parvo	95555
1.					☐ vomiting ☐ anorexia ☐ fever ☐ diarrhea(brown) ☐ diarrhea(bloody) ☐ diarrhea(yellow) ☐ moribund	☐ Never vax ☐ Unknown ☐ Incomplete vax ☐ Fully vax	☐ SNAP (or other) test (+) ☐ SNAP test (-) but symptoms like parvo ☐ Test declined -symptoms like parvo	
2.					☐ vomiting ☐ anorexia ☐ fever ☐ diarrhea(brown) ☐ diarrhea(bloody) ☐ diarrhea(yellow) ☐ moribund	☐ Never vax ☐ Unknown ☐ Incomplete vax ☐ Fully vax	☐ SNAP (or other) test (+) ☐ SNAP test (-) but symptoms like parvo ☐ Test declined -symptoms like parvo	
3.					☐ vomiting ☐ anorexia ☐ fever ☐ diarrhea(brown) ☐ diarrhea(bloody) ☐ diarrhea(yellow) ☐ moribund	☐ Never vax ☐ Unknown ☐ Incomplete vax ☐ Fully vax	☐ SNAP (or other) test (+) ☐ SNAP test (-) but symptoms like parvo ☐ Test declined -symptoms like parvo	
4.					☐ vomiting ☐ anorexia ☐ fever ☐ diarrhea(brown) ☐ diarrhea(bloody) ☐ diarrhea(yellow) ☐ moribund	☐ Never vax ☐ Unknown ☐ Incomplete vax ☐ Fully vax	☐ SNAP (or other) test (+) ☐ SNAP test (-) but symptoms like parvo ☐ Test declined -symptoms like parvo	
5.					☐ vomiting ☐ anorexia ☐ fever ☐ diarrhea(brown) ☐ diarrhea(bloody) ☐ diarrhea(yellow) ☐ moribund	☐ Never vax ☐ Unknown ☐ Incomplete vax ☐ Fully vax	☐ SNAP (or other) test (+) ☐ SNAP test (-) but symptoms like parvo ☐ Test declined -symptoms like parvo	
6.					☐ vomiting ☐ anorexia ☐ fever ☐ diarrhea(brown) ☐ diarrhea(bloody) ☐ diarrhea(yellow) ☐ moribund	☐ Never vax ☐ Unknown ☐ Incomplete vax ☐ Fully vax	☐ SNAP (or other) test (+) ☐ SNAP test (-) but symptoms like parvo ☐ Test declined -symptoms like parvo	
7.					☐ vomiting ☐ anorexia ☐ fever ☐ diarrhea(brown) ☐ diarrhea(bloody) ☐ diarrhea(yellow) ☐ moribund	☐ Never vax ☐ Unknown ☐ Incomplete vax ☐ Fully vax	☐ SNAP (or other) test (+) ☐ SNAP test (-) but symptoms like parvo ☐ Test declined -symptoms like parvo	
8.					☐ vomiting ☐ anorexia ☐ fever ☐ diarrhea(brown) ☐ diarrhea(bloody) ☐ diarrhea(yellow) ☐ moribund	☐ Never vax ☐ Unknown ☐ Incomplete vax ☐ Fully vax	☐ SNAP (or other) test (+) ☐ SNAP test (-) but symptoms like parvo ☐ Test declined -symptoms like parvo	

Veterinary Clinic Information
Clinic name:
Tel #:

Fax to:
213-481-2375

COUNTY OF LOS ANGELES
Public Health
Veterinary Public Health & Rabies Control
Tel. 213-989-7060

2.15.11 EB

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
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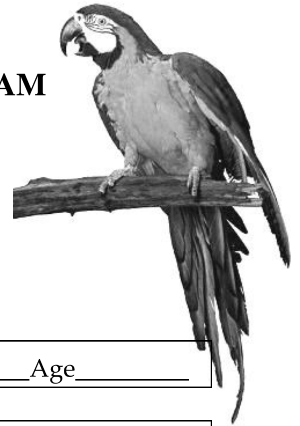
publichealth.lacounty.gov/vet



Psittacosis Reporting Form

Date form completed___________

1. Bird.
Name____________________Species______________________Sex(if known) ______Age_________

2. Bird Owner
Name(s)
Address
City, ZIP
Telephone:
Los Angeles County Public Health will contact the owner about the standard 45-day quarantine period.

3. Reporting Veterinarian
Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. History
a. How long has this person owned this bird?___________ Date bird obtained (if known)__________________
c. Store/Individual selling bird to owner (if within last 60 days)____
____

d. Are there other birds on owner's property? □ No □ Yes
If yes, how many?_____________
Is there any known illness in these other birds? □ No □ Yes
e. Were any new birds brought onto property recently? □ No □ Yes
If yes, explain____
f. Type of housing of infected bird: □ Indoor □ Outdoor
g. Is there any known human respiratory illness in people that handle the infected bird? ? □ No □ Yes
If Yes, please explain____

5. Clinical Findings
a. Date of onset of first symptoms______________
b. Date of presentation__________________
c. Date of death (if applicable)_________________
d. Check all that apply
□ No clinical signs □ Lethargy □ Anorexia □ Diarrhea □ Respiratory signs
□ Sudden death □ Other____
□ Other (explain):

6. Diagnostics/Laboratory results.
Please fax all laboratory results to us along with this form.

Fax to: (213) 481-2375 **2013**
5/2013

COUNTY OF LOS ANGELES
Public Health

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
Tel. (213) 989-7060 or 877-747-2243 Fax (213) 481-2375 publichealth.lacounty.gov/vet

Tick-borne Disease Reporting Form

Date form completed___________

1. Disease □ Anaplasmosis □ Ehrlichiosis
□ Borreliosis (Lyme) □ Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever)

2. Pet □ Dog □ Cat □ Other________________________________
Name__________________________Breed______________________Sex/Neut_________Age_________

3. Pet Owner
Name(s)
Address
City, ZIP
Telephone: May we call the owner(s) to ask more about the history? □ **YES** □ **NO**

4. Reporting Facility
Veterinarian or technician:
Clinic or Shelter Name:
Address:
City, ZIP:
Telephone Fax E-mail:

5. Tick Exposure History
Ticks from pet saved in alcohol for identification? □ Yes □ No
Owner reports seeing ticks on pet earlier? □ Yes □ No
Parks and places in LA County the pet visits:
____
Does the pet visit places outside of LA County? □ Yes □ No
Where?

6. Clinical Findings
Date of onset_____________Date of presentation________________________Date of death ________________
Highest body temperature measured ________________
Check all that apply:
□ Fever □ Anorexia □ Vomiting
□ Epistaxis □ Petecchiae/ecchymoses □ Enlarged lymph node(s)
□ Neurosigns □ Edema □ Lameness
Please describe:

7. Treatments: (Ex. antibiotics or corticosteroids, ectoparasite control)

8. Laboratory results. Please fax all laboratory results along with this form.

Fax to: (213) 481-2375 **2015**
Rev. 7/2015 EB

COUNTY OF LOS ANGELES
Public Health

VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
Tel. (213) 989-7060 or 877-747-2243 Fax (213) 481-2375
publichealth.lacounty.gov/vet

Vaccine Preventable Disease Reporting Form

Date form completed___________

SUSPECTED DISEASE BEING REPORTED:

□ Parvovirus □ Canine distemper □ Panleukopenia □ Other_______________________

1. Pet. □ Dog □ Cat

Name_________________Breed_______________________Sex/Neut__________Age_________

2. Pet Owner

Name(s)
Address
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian

Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. History

Relevant vaccine history, include dates of vaccine:

Is this case part of a cluster or outbreak? If yes, please explain:

Potential exposure history

□ Another sick animal in home □ Dog show □ Kennel visit
□ Exposure to stray □ Pet store □ Shelter visit
□ Dog park □ Other ____

5. Clinical Findings

Date of onset of first symptoms______________Date of presentation__________________
Date of death (if applicable)_________________Highest body temperature measured: __________________

Check all that apply

□ Cough □ Nasal Discharge □ Vomit □ Diarrhea
□ Tremors □ Seizures □ Other neurological signs
□ Parvo snap test in-house - positive
□ Positive distemper titer with no prior vaccination □ Positive distemper antigen IFA
Other (explain) :

6. Laboratory results.

Please fax all laboratory results to us along with this form.

Fax to: (213) 481-2375 **2013**

5/2013