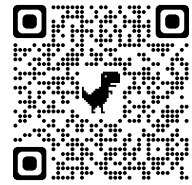


VETERINARY PUBLIC HEALTH PROGRAM  
**Canine Influenza - Reporting Form**



**General Instructions:**

This form may be used to report suspected cases and confirmed cases of CIV. For a list of reportable animal diseases and conditions, and reporting forms, please visit our website: <http://publichealth.lacounty.gov/vet/>

Please email completed form and LAB results to: [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov) or fax to (213) 481-2375

Date form Completed: \_\_\_\_\_

<p><b>1. Animal</b> Name: _____ Species: _____ Breed: _____ Sex/Neut: _____ Age: _____</p>
<p><b>2. Dog Owner</b> Name(s): _____ Street: _____ City, ZIP: _____ Telephone: _____ Email: _____</p>
<p><b>3. Reporting Veterinarian</b> Name of veterinarian or technician: _____ Vet Clinic Name: _____ Address: _____ City, ZIP: _____ Telephone: _____ Fax: _____ Email: _____</p>
<p><b>4. History</b> Date of last 2 canine influenza vaccines if known: _____ <input type="checkbox"/> H3N2 @ H3N8 <input type="checkbox"/> Bivalent <b>Potential exposure history:</b> <input type="checkbox"/> Dog park visit <input type="checkbox"/> Dog or cat show <input type="checkbox"/> Other sick animal or person in home <input type="checkbox"/> Shelter visit <input type="checkbox"/> Pet store <input type="checkbox"/> Exposure to stray <input type="checkbox"/> Kennel or daycare visit <input type="checkbox"/> Other: _____ Facility or location name(s): _____ Last dates attended: _____</p>
<p><b>5. Clinical Findings</b> Date of onset of first symptoms: _____ Date of death (if applicable): _____ Date of presentation: _____ <b>Check all that apply:</b> <input type="checkbox"/> Cough <input type="checkbox"/> Sneezing <input type="checkbox"/> Fever - highest body temperature measured: _____ <input type="checkbox"/> Nasal discharge - describe discharge (color, consistency, uni- or bilateral): _____ <input type="checkbox"/> Other: _____</p>
<p><b>6. Diagnostics and Treatment</b> <input type="checkbox"/> Chest radiographs If chest rads, describe findings: _____ <input type="checkbox"/> Positive H3N2 test <input type="checkbox"/> Positive H3N8 test <input type="checkbox"/> Positive H1N1 test <input type="checkbox"/> Other: _____ Date PCR sample collected: _____ Medications used in treatment: _____ Amount of time it took pet to recover: _____ <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> IV Fluids <input type="checkbox"/> Supplemental oxygen given Other comments: _____</p>
<p><b>7. Client Education</b> Owner was directed to keep the sick pet at home under isolation for 28 days from the first day of illness: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner was directed to keep the exposed/asymptomatic pet at home under quarantine for 14 days from the last date of exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>REMINDER: Pets with influenza can be contagious to other pets for up to several weeks after recovery. Sick pets with influenza should be isolated at home for 28 days from the first day of illness. Exposed/asymptomatic pets should be quarantined for 14 days to monitor for illness.</i></p>