

VETERINARY PUBLIC HEALTH PROGRAM
Panleukopenia Reporting Form



Instructions: Use this form to report suspected and confirmed cases of feline panleukopenia to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. For a complete list of reportable animal diseases and conditions, and reporting forms, please visit our website: <http://publichealth.lacounty.gov/vet/>.

Date form completed: _____ Please submit completed form to: vet@ph.lacounty.gov (preferred) OR fax to (213) 481-2375.

1. Animal				
Name/Impound #:	Species:	Breed:	Sex/Neut:	Age:
2. Pet Owner/Shelter				
First name:		Last name:		
Address:		City:	Zip:	
Phone:		E-mail:		
3. Reporting Veterinarian				
Name of veterinarian:		Clinic name:		
Phone:		E-mail:		
4. History				
Panleukopenia vaccination? <input type="checkbox"/> Fully vaccinated, up to date <input type="checkbox"/> Fully vaccinated, not up to date <input type="checkbox"/> Incomplete series <input type="checkbox"/> Never vaccinated <input type="checkbox"/> Unknown				
Dates of last 2 FVRCP vaccinations: _____				
Travel history (1 month prior to illness): <input type="checkbox"/> Outside LA County <input type="checkbox"/> Outside CA <input type="checkbox"/> Outside U.S. <input type="checkbox"/> None <input type="checkbox"/> Unknown				
Date: _____ Travel location (city, state, country) _____				
Date: _____ Travel location (city, state, country) _____				
Potential exposure history: <input type="checkbox"/> Other sick animal at home <input type="checkbox"/> Cat show <input type="checkbox"/> Kennel visit <input type="checkbox"/> Shelter visit <input type="checkbox"/> Exposure to stray <input type="checkbox"/> Pet store <input type="checkbox"/> Breeder <input type="checkbox"/> Rescue <input type="checkbox"/> Other: _____				
5. Clinical Findings				
Onset date:		Presentation date:		Date of death (if applicable):
Check all that apply: <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Sudden death <input type="checkbox"/> Fever – highest body temperature measured: _____ <input type="checkbox"/> Anorexia <input type="checkbox"/> Moribund <input type="checkbox"/> No clinical signs <input type="checkbox"/> Other (specify): _____				
6. Diagnostics (please submit laboratory results with this form)				
Date: _____ <input type="checkbox"/> Positive in-house parvo/panleuk SNAP/ELISA				
Date: _____ <input type="checkbox"/> Positive panleuk PCR – sample type/location: _____				
Date: _____ <input type="checkbox"/> Other (explain): _____				
7. Treatment				
Date: _____ Treatment: (drug, dosage, duration): _____				
8. Client Education				
Owner directed to keep sick pet at home under isolation for 14 days after cessation of clinical signs. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Owner directed on proper cleaning and disinfection once pet is recovered. <input type="checkbox"/> Yes <input type="checkbox"/> No				
REMINDER: Panleukopenia virus can persist in the environment for up to 7 months and infected pets may shed the virus for up to 14 days past recovery. Contaminated kennels or surfaces should be completely cleaned, disinfected, and dried at least twice before re-use.				