

VETERINARY PUBLIC HEALTH PROGRAM
Tick-borne Disease Reporting Form



Instructions: Use this form to report suspected and confirmed cases of tick-borne disease 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, reporting forms, and specific information about diseases, please visit our website: <http://publichealth.lacounty.gov/vet/>.

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

1. Disease				
<input type="checkbox"/> Anaplasmosis <input type="checkbox"/> Borreliosis (Lyme) <input type="checkbox"/> Ehrlichiosis <input type="checkbox"/> Other: _____				
1. Animal				
Name:	Species:	Breed:	Sex/Neut:	Age:
2. Pet Owner				
First name:		Last name:		
Address:		City:	Zip:	
Phone:		E-mail:		
3. Reporting Veterinarian				
Name of veterinarian:		Clinic name:		
Phone:		E-mail:		
4. History				
Ticks found on animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ticks collected from animal? <input type="checkbox"/> Yes <small>*Tick testing may be available. Call VPH.</small> <input type="checkbox"/> No		
Ticks found on pet: <input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently				
Ticks found on humans in household? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pet currently on tick preventive? <input type="checkbox"/> Yes, brand: _____ <input type="checkbox"/> No				
Does the owner suspect where pet picked up ticks (trails, parks, beaches, imported country): _____				
Travel history (year 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 (eg – name of park, city, state, country) _____				
Date: _____ Travel location (eg – name of park, city, state, country) _____				
5. Clinical Findings				
Onset date:		Presentation date:		Date of death (if applicable):
Check all that apply: <input type="checkbox"/> Anorexia <input type="checkbox"/> Lameness <input type="checkbox"/> Petechiae <input type="checkbox"/> Bleeding (e.g. epistaxis)				
<input type="checkbox"/> Neurological Signs <input type="checkbox"/> No Clinical Signs <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever - highest temperature: _____				
<input type="checkbox"/> Enlarged lymph node (location): _____ <input type="checkbox"/> Other: _____				
6. Treatment				
Date: _____ Treatment (drug, dosage, duration): _____				
7. Diagnostics (please submit laboratory results with this form)				
Date: _____ <input type="checkbox"/> Positive ELISA/SNAP (specify test manufacturer/name) _____				
Date: _____ <input type="checkbox"/> Positive IgG Titer Result: _____		Date: _____ <input type="checkbox"/> Positive IgM Titer Result: _____		
Date: _____ <input type="checkbox"/> Positive PCR (sample type/location): _____		Date: _____ <input type="checkbox"/> Other: _____		
8. Client Education				
Owner was advised to use/continue to use a tick preventive product on pet. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Owner was advised that some ticks carry pathogens that can cause human disease. <input type="checkbox"/> Yes <input type="checkbox"/> No				

PLEASE SUBMIT LABORATORY RESULTS WITH THIS FORM AND EMAIL TO: vet@ph.lacounty.gov