DEPARTMENT OF AGRICULTURE

450 Columbus Boulevard Suite 702 ~ Hartford CT 06103

Disease: _____

Date:_____

REPORTABLE DISEASE RECORD

Reported by: Veterinarian Owner Other: _____

Veterinarian:

Name: _____

Address: _____

_____

Phone: _____

FAX: _____

Hours: _____

Owner:

Name: _____

Address: _____

_____

Phone: _____

FAX: _____

Hours: _____

Animal or **Bird**

Species: _____

Breed: _____

Description: _____

Name and/or ID: _____

Age or Birth Date: _____

Sex: __ Male __Female __Unknown

Vaccinations: _____

No. in Group: _____

Type of Housing: _____

Address Where Housed: _____

_____

Travel History: __Yes __No

When? _____

Where? _____

Veterinarian:

Date of 1st visit: _____

Clinical Signs on Presentation:

_____

_____

_____

_____

Owner:

Date of Onset: _____

Clinical Signs or Major Complaint:

_____

_____

_____

_____

Treatment:

_____

Outcome: Survived_____ Died (date): _____Euthanized (date): _____Necropsy (date): _____

Date Samples Collected: _____Type of Samples: Blood Serum CSF Brain Other: _____

Tests Requested: _____ Lab Used: _____

Results: _____

Attach Copies of Lab Results, Necropsy Report and other documents to record.

Contacts: Veterinarian Owner State DPH Local Health Other: _____

Date: