# DEPARTMENT OF AGRICULTURE

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**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: _____