Vaccine Preventable Disease Reporting Form

Date form completed

SUSPECTED DISEASE BEING REPORTED:

☐ Parvovirus ☐ Canine distemper ☐ Panleukopenia ☐ Other_______________________

1. Pet ☐ Dog ☐ Cat

Name_________________Breed_______________________Sex/Neut__________Age_________

2. Pet Owner

Name(s)
Address
City, ZIP
Telephone:
Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian

Name of veterinarian or technician:
Vet Clinic Name:
Address:
City, ZIP:
Telephone Fax E-mail:

4. History
Relevant vaccine history, include dates of vaccine:

Is this case part of a cluster or outbreak? If yes, please explain:

Potential exposure history

☐ Another sick animal in home ☐ Dog show ☐ Kennel visit
☐ Exposure to stray ☐ Pet store ☐ Shelter visit
☐ Dog park ☐ Other ______________________________________________________

5. Clinical Findings

Date of onset of first symptoms______________Date of presentation__________________

Date of death (if applicable)______________Highest body temperature measured:________________

Check all that apply

☐ Cough ☐ Nasal Discharge ☐ Vomit ☐ Diarrhea
☐ Tremors ☐ Seizures ☐ Other neurological signs
☐ Parvo snap test in-house - positive
☐ Positive distemper titer with no prior vaccination ☐ Positive distemper antigen IFA
Other (explain):

6. Laboratory results. Please fax all laboratory results to us along with this form.

Fax to: (213) 481-2375