



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

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