City of Long Beach Department of Health and Human Services
2525 Grand Avenue, Suite 201
Long Beach, California 90815
Phone: (562) 570-4241| Fax: (562) 570-4013

Heartworm Report Form

Pet Information:

Animal Type: ☐ Dog ☐ Cat	Name:	Age:	Breed:	Color:
Sex: ☐M ☐F ☐ Male-Neutered ☐ Female-Spayed			Date report completed:	

Pet Owner:

Name(s):	Address:	City:
Zip code:	Phone:	Is it ok for Public Health to call owner(s) to ask more about the history? ☐ Yes ☐ No

Reporting Veterinary Clinic or Shelter:

Name of veterinarian or technician:	Vet Clinic Name:	Address:

City: **Long Beach**	Zip code:	Telephone:	Fax:	E-mail:

Exposure History:

Exposure/travel outside Long Beach? ☐ Yes ☐ No	If yes, where did they travel:	Approximate dates of travel: From: _____ To: _____
On heartworm preventative before diagnosis? ☐ Yes ☐ No	If yes, what do you suspect is the cause of prevention failure: ☐ Drug resistance ☐ Irregular dosing ☐ Other: _____	

Clinical Findings:

Date of onset:	Date of presentation:	Date of death:

Clinical signs (check all that apply)

☐ None ☐ Cough ☐ Fatigue ☐ Heart failure Other: _____

Thoracic radiographs taken? ☐ Yes ☐ No

Comment on radiograph findings: _____

Testing:

Date:	Test Type (Ag, Ab, microfilaria):	Test Result: ☐POS ☐ NEG ☐ IND
Date:	Test Type (Ag, Ab, microfilaria):	Test Result: ☐POS ☐ NEG ☐ IND
Date:	Test Type (Ag, Ab, microfilaria):	Test Result: ☐POS ☐ NEG ☐ IND

Treatment:

Date:	Treatment:
Date:	Treatment:
Date:	Treatment:

Fax completed form and laboratory report to (562) 570-4013

Last updated: June 2018