**Animal Disease/Death Report Form**

<table>
<thead>
<tr>
<th>DISEASE BEING REPORTED:</th>
<th>Date Completed:</th>
</tr>
</thead>
</table>

### Animal Information:

- **Animal Type:**
  - □ Domestic Pet  □ Livestock  □ Wild animal  □ Exotic

- **Number of Animals:**
  - □ One  □ Multiple (Number: ______)

- **Species of animal:**
- **Breed:**
- **Sex:**
- **Color:**
- **Age:**
- **Name:**

### Animal Owner (if applicable):

- **Name(s):**
- **Address:**
- **City:**
- **Zipcode:**
- **Phone:**
- **Is it ok for Public Health to call owner(s) to ask more about the history?**
  - □ Yes  □ No

### Animal Location (where in community animal originated, if not same as owner):

- **Name(s):**
- **Address:**
- **City:**
- **Zipcode:**

### Reporting Veterinary Clinic or Shelter:

- **Name of veterinarian or technician:**
- **Vet Clinic Name:**
- **Address:**
- **City:**
- **Zipcode:**
- **Telephone:**
- **Fax:**
- **E-mail:**

### History:

- **Date of onset:**
- **Date of presentation:**
- **Date of death(s), if applicable:**

**History (include vaccine history, if applicable):**

### Clinical Findings (Fill out the section below or attach any medical records):

- **Highest body temperature measured**

**Physical Examination**

<table>
<thead>
<tr>
<th>General:</th>
<th>□ Yes  □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Head Area:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Respiratory:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Cardiovascular:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Abdomen/digestive:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Urogenital:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Musculoskeletal:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Nervous:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Lymph nodes:</td>
<td>□ Yes  □ No</td>
</tr>
<tr>
<td>Other:</td>
<td>□ Yes  □ No</td>
</tr>
</tbody>
</table>

### Treatment (Please describe treatment given, particularly antibacterial, antiviral, antifungal, antiparasitic):

- **Treatment Date:**
- **Describe Treatment:**

### Additional Comments:

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Fax completed form and laboratory report to (562) 570-4013  
Last updated: Dec 2017