Report of Zoonotic Disease in Animals

Zoonotic Case Report #: _____ Jurisdiction: _____

Disease Information

Reportable Disease Organism: _____

Date Of Onset: _____ Time: _____ AM / PM

Method of Diagnosis: ☐ History ☐ Clinical signs ☐ Diagnostic test

Source of Specimen	Date of Collection	Diagnostic test	Test Result

History/Clinical signs: _____

_____

Animal Owner's Information

Owner Name (Last, First): _____

DOB: _____ Sex: _____ Race: _____ Ethnicity: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone : _____

Animal Information

Species: _____ Breed: _____ Name: _____

Color / Description: _____

Sex: _____ Neutered: Yes / No Age: _____Year(s) _____Month(s) _____Day(s)

Number of known sick animal contacts: _____

Number of known sick human contacts: _____

Veterinary Information

Hospital/ Clinic: _____ Veterinarian: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Date Examined: _____ Outcome: _____

Date Of Outcome: _____ Medical Record Number: _____

Laboratory Name: _____ Laboratory Phone: _____

Reported by

Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Comment / Note: _____

_____

_____