County of San Diego Epidemiology Unit
Fax (858) 715-6458
epi-cdreporting.hhsa@sdcounty.ca.gov

Animal Disease/Death Reporting Form

(if the disease you are reporting has a specific form, ideally use that form instead)

Date form completed_____

SUSPECTED DISEASE/CONDITION BEING REPORTED: _____

1. Animal Information

Type of Animal Involved ☐ Domestic Pet ☐ Livestock ☐ Wild animal
☐ Exotic ☐ Zoo animal
Number of Animals ☐ One ☐ Multiple (give number_____)
Species of Animal _____
Other Identifying Information
Breed_____ Color _____
Sex _____ Name _____
Age _____ Animal/Case ID_____

2. Animal Owner (if applicable)

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

Name(s)
Address
City, ZIP

4. Reporting Veterinary Clinic or Shelter

Name of Veterinarian or Technician
Vet Clinic Name
Address
City, ZIP
Telephone Fax E-mail

5. History

Date of onset of first symptoms_____ Date of presentation_____
Date of death(s), if applicable_____
History (include vaccine history, if applicable):

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12/15/2020

6. Clinical Findings

Highest Body Temperature _____

Physical Examination

	Normal	Comments
General	☐ Yes ☐ No	_____
Skin	☐ Yes ☐ No	_____
Head Area	☐ Yes ☐ No	_____
Respiratory	☐ Yes ☐ No	_____
Cardiovascular	☐ Yes ☐ No	_____
Abdomen/digestive	☐ Yes ☐ No	_____
Reproductive/Urogenital	☐ Yes ☐ No	_____
Musculoskeletal	☐ Yes ☐ No	_____
Nervous	☐ Yes ☐ No	_____
Lymph nodes	☐ Yes ☐ No	_____
Other	☐ Yes ☐ No	_____

7. Treatment.

Please describe treatment given, particularly antibacterial, antiviral, antifungal, antiparasitic.

Treatment Date	Describe Treatment
1. _____	_____
2. _____	_____
3. _____	_____

8. Laboratory Results

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

9. Additional Comments.

Please use an additional sheet if needed.

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