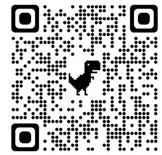
VETERINARY PUBLIC HEALTH PROGRAM

Animal Disease/Death Reporting Form



Instructions: Use this form to report suspected and confirmed cases of animal disease or death to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. If the disease you are reporting has a specific form, please use that form instead. For a complete list of reportable animal diseases and conditions, and reporting forms, please visit our website: http://publichealth.lacounty.gov/vet/.

Date form completed: ______________ Please submit completed form to: vet@ph.lacounty.gov OR fax to (213) 481-2375.

1. Animal Information

Type of animal: ☐Domestic Pet ☐Wild animal ☐Bird ☐Horse/Livestock ☐Other (specify): _______________

Number of animals: ☐One ☐Multiple (give number): __________	Species:	Breed:

Sex:	Age:	Name:	Impound #:	Color:

2. Animal Owner (if applicable)

First name:	Last name:	
Address:	City:	Zip:
Phone:	E-mail:	

3. Animal Location (where in the community the animal was found or originated, if not same as owner above)

Name:

Address:	City:	Zip:

4. Reporting Veterinarian, Clinic or Shelter (if applicable)

Name of veterinarian:	Facility name:
Phone:	E-mail:

5. History (please provide any details about this animal, including travel history or vaccine history if applicable)

Was the animal imported from outside the U.S.? ☐Yes ☐No If YES, from where? _____________

6. Clinical Signs/Physical Examination Findings

Onset date:	Presentation date:	Date of death (if applicable):

General:	☐Normal	☐Abnormal	Comments ______________________________
Skin:	☐Normal	☐Abnormal	Comments ______________________________
Eyes/Ears/Nose/Throat:	☐Normal	☐Abnormal	Comments ______________________________
Respiratory:	☐Normal	☐Abnormal	Comments ______________________________
Cardiovascular:	☐Normal	☐Abnormal	Comments ______________________________
Abdomen/Digestive:	☐Normal	☐Abnormal	Comments ______________________________
Urogenital:	☐Normal	☐Abnormal	Comments ______________________________
Musculoskeletal:	☐Normal	☐Abnormal	Comments ______________________________
Nervous system:	☐Normal	☐Abnormal	Comments ______________________________
Lymph nodes:	☐Normal	☐Abnormal	Comments ______________________________
Other:	☐Normal	☐Abnormal	Comments ______________________________

7. Treatment (please describe any treatments or medications given)

Date: _____________ Treatment (name, strength/dose, duration given): _____________________________________

8. Diagnostics/Testing (please attach laboratory results to this form when you submit it)

9. Additional Comments

PLEASE SUBMIT LABORATORY RESULTS WITH THIS FORM AND EMAIL TO: vet@ph.lacounty.gov