



VETERINARY PUBLIC HEALTH PROGRAM

Canine Influenza - Reporting Form



Instructions: Use this form to report suspected and confirmed cases of CIV to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. 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				
Name:	Species:	Breed:	Sex/Neut:	Age:
2. Pet Owner				
First name:			Last name:	
Address:			City:	Zip:
Phone:			E-mail:	
3. Reporting Veterinarian				
Name of veterinarian:			Clinic name:	
Phone:			E-mail:	
4. History				
Date of last 2 canine influenza vaccines: 1) _____ 2) _____			<input type="checkbox"/> H3N2 <input type="checkbox"/> H3N8 <input type="checkbox"/> Bivalent	
Potential exposure history: <input type="checkbox"/> Other sick animal or person in home <input type="checkbox"/> Exposure to stray <input type="checkbox"/> Dog park <input type="checkbox"/> Pet store <input type="checkbox"/> Shelter <input type="checkbox"/> Kennel or daycare <input type="checkbox"/> Other: _____				
Facility or location name(s):			Last date(s) attended:	
Travel history (past 2 yrs): <input type="checkbox"/> Outside LA County <input type="checkbox"/> Outside CA <input type="checkbox"/> Outside U.S. <input type="checkbox"/> None <input type="checkbox"/> Unknown				
5. Clinical Findings				
Onset date:		Presentation date:		Date of death (if applicable):
Check all that apply: <input type="checkbox"/> Cough <input type="checkbox"/> Lethargy <input type="checkbox"/> Sneezing <input type="checkbox"/> Nasal Discharge <input type="checkbox"/> No clinical signs <input type="checkbox"/> Anorexia <input type="checkbox"/> Fever Highest body temperature recorded: _____ <input type="checkbox"/> Other (please specify): _____				
6. Diagnostics				
Chest radiographs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe findings:		
<input type="checkbox"/> Positive H3N2 test <input type="checkbox"/> Positive H3N8 test <input type="checkbox"/> Positive H1N1 test <input type="checkbox"/> Other: _____			Date PCR sample collected:	
7. Treatment				
Treatment(s) (medication, dose, frequency):				
Time it took pet to recover:		<input type="checkbox"/> Patient hospitalized <input type="checkbox"/> IV Fluids <input type="checkbox"/> Supplemental oxygen		
Other comments:				
8. Client Education				
<i>Pets with influenza can be contagious to other pets for up to several weeks after recovery. Sick pets with influenza should be isolated at home for 28 days from the first day of illness. Exposed/asymptomatic pets should be quarantined for 14 days to monitor for illness.</i>				
Owner was directed to keep sick pet at home under isolation for 28 days from the first day of illness: <input type="checkbox"/> Yes <input type="checkbox"/> No Owner was directed to keep exposed/asymptomatic pet at home under quarantine for 14 days from the date of the last exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No				

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