

VETERINARY PUBLIC HEALTH PROGRAM  
**Leptospirosis - Reporting Form**



**Instructions:** Use this form to report suspected and confirmed cases of leptospirosis 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](mailto:vet@ph.lacounty.gov) OR fax to (213) 481-2375.

<b>1. Animal</b>				
Name:	Species:	Breed:	Sex/Neut:	Age:
<b>2. Pet Owner</b>				
First name:		Last name:		
Address:		City:	Zip:	
Phone:		E-mail:		
<b>3. Reporting Veterinarian</b>				
Name of veterinarian:		Clinic name:		
Phone:		E-mail:		
<b>4. History</b>				
Vaccinated against <i>Leptospira</i> before illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of last <i>Leptospira</i> vaccine: _____ <input type="checkbox"/> Bivalent <input type="checkbox"/> Quadrivalent		
Travel outside of LA County in the month before becoming ill? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Travel location 1):		Date 1):		
Travel location 2):		Date 2):		
<b>Animal exposure(s):</b> <input type="checkbox"/> Skunks <input type="checkbox"/> Opossums <input type="checkbox"/> Raccoons <input type="checkbox"/> Rats <input type="checkbox"/> Mice <input type="checkbox"/> Pigs <input type="checkbox"/> Cattle <input type="checkbox"/> Dogs <input type="checkbox"/> Other: _____				
<b>Potential exposure history:</b>				
<input type="checkbox"/> Kennel or daycare <input type="checkbox"/> Dog park <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____				
Facility or location name(s):				
Last date(s) attended:				
<b>5. Clinical Findings</b>				
Onset date:		Presentation date:		Date of death (if applicable):
Check all that apply:				
<input type="checkbox"/> Polyuria <input type="checkbox"/> Polydipsia <input type="checkbox"/> Inappetence <input type="checkbox"/> Fever - Highest body temperature recorded: _____ <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Lethargy <input type="checkbox"/> Azotemia <input type="checkbox"/> Other: _____				
<b>6. Diagnostics</b>				
<input type="checkbox"/> Positive urine PCR <input type="checkbox"/> Positive blood PCR <input type="checkbox"/> Positive <i>Leptospira</i> ELISA <input type="checkbox"/> Positive in-house <i>Leptospira</i> test <input type="checkbox"/> Positive MAT serology - Serovar: _____ Date sample collected: _____				
<b>7. Treatment</b>				
Treatment(s) (medication, dose, frequency, duration):				
<input type="checkbox"/> Patient hospitalized - #days: _____ <input type="checkbox"/> IV Fluids <input type="checkbox"/> Dialysis				
Other comments:				
<b>8. Client Education</b>				
I discussed the zoonotic potential with the pet owner and advised on proper cleaning and disinfection: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>REMINDER: Zoonotic disease. Gloves should be worn when cleaning urine, a disinfectant should be used to clean the area, and hands should be washed after removing the gloves.</i>				

**PLEASE SUBMIT LABORATORY RESULTS WITH THIS FORM AND EMAIL TO: [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov)**