COUNTY OF LOS ANGELES
Public Health

VETERINARY PUBLIC HEALTH PROGRAM

Animal Multi-Drug-Resistant Organisms (MDRO) Reporting Form

Instructions: Use this form to report confirmed MDRO infections to the Veterinary Public Health Program. For a complete list of reportable animal diseases and conditions, reporting forms, and specific information about diseases, please visit our website: http://publichealth.lacounty.gov/vet/.

Date form completed: _____Please submit completed form to: vet@ph.lacounty.gov (preferred) 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. Exposure History	
Any associated human illness? ☐Yes ☐No ☐Unk If yes, specify: _____	Other animals in family ill from bacteria? ☐Yes ☐No ☐Unk If yes, specify: _____
Please list any additional exposures; followed by additional comments:	

5. Clinical Findings		
Date of onset:	Date of presentation:	Date of death (if applicable):
Is illness chronic/recurrent in animal? ☐ Yes ☐No ☐Unk	Highest temperature recorded: _____	
Clinical signs:		

6. Diagnostics *Please email all bacterial cultures and other lab results in with this form*	
Date of specimen collection:	Organism(s) identified: 1)_____
Other organism(s) identified: 2)_____ 3)_____	
To your knowledge, has patient tested positive for the MDRO before the current positive being reported? ☐Yes ☐No ☐Unk	If yes, date of first ever positive specimen:
Specimen Source ☐Abscess ☐Ear ☐Skin ☐Urine ☐Blood ☐Rectal ☐ GI ☐ Respiratory ☐ Oral ☐Wound, open (non-sterile) ☐ Wound surgical (sterile site) ☐Other (specify): _____	

7. Treatment

Please list all antimicrobial treatments given, including medicated baths *(medication, dose, frequency, duration):*

Date:_____ Treatment: _____

Date:_____ Treatment: _____

Date:_____ Treatment_____

Was animal treated with antibiotics in the 2 weeks before the culture specimen was collected? ☐Yes ☐ No

Please provide any additional treatment comments:

PRINT

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