



## Vaccine Preventable Disease Reporting Form

Date form completed \_\_\_\_\_

### SUSPECTED DISEASE BEING REPORTED:

Parvovirus     Canine distemper     Panleukopenia     Other \_\_\_\_\_

#### 1. Pet. Dog Cat

Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex/Neut \_\_\_\_\_ Age \_\_\_\_\_

#### 2. Pet Owner

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. Reporting Veterinarian

Name of veterinarian or technician: \_\_\_\_\_

Vet Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ZIP: \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

#### 4. History

Relevant vaccine history, include dates of vaccine: \_\_\_\_\_

Is this case part of a cluster or outbreak? If yes, please explain: \_\_\_\_\_

##### Potential exposure history

Another sick animal in home

Dog show

Kennel visit

Exposure to stray

Pet store

Shelter visit

Dog park

Other \_\_\_\_\_

#### 5. Clinical Findings

Date of onset of first symptoms \_\_\_\_\_ Date of presentation \_\_\_\_\_

Date of death (if applicable) \_\_\_\_\_ Highest body temperature measured: \_\_\_\_\_

Check all that apply

Cough

Nasal Discharge

Vomit

Diarrhea

Tremors

Seizures

Other neurological signs

Parvo snap test in-house - positive

Positive distemper titer with no prior vaccination

Positive distemper antigen IFA

Other (explain) : \_\_\_\_\_

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

**Email to: [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov)**

**Fax to: (213) 481-2375**