



ANIMAL DISEASE CASE REPORT FORM

Bureau of Communicable Disease - Zoonotic, Influenza and Vectorborne Disease Unit

Date of Report ___/___/___

PLEASE REPORT THE FOLLOWING DISEASES IMMEDIATELY BY PHONE UPON *SUSPICION* (Check box):

- Anthrax Glanders Q fever Tularemia
- Brucellosis Plague Rabies Monkeypox
- SARS (severe acute respiratory syndrome) Influenza (*novel virus with pandemic potential*)
- Other: _____
- Any outbreak or suspect outbreak* of any disease, condition or syndrome, of known or unknown etiology, that may be a danger to public health or any unusual manifestation of a disease in an animal

REPORT THE FOLLOWING BY PHONE, FAX, OR EMAIL UPON LABORATORY *DIAGNOSIS* (Check box):

- Psittacosis Leptospirosis Rocky Mountain spotted fever
- Salmonellosis Tuberculosis Arboviral encephalitides

VETERINARIAN OR PROVIDER INFORMATION

Animal Hospital or Facility: _____

Phone: _____ Cell phone: _____ Fax: _____

Primary Veterinarian or caretaker of animal: _____

Address: _____ Borough/County: _____

PATIENT INFORMATION

Owner Last Name: _____ First Name: _____

Owner Address: _____ Apt #: _____ Borough: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Patient Name: _____ Age: _____ yrs./mos. (DOB ___/___/___)

Species: Dog Cat Other _____ Breed: _____

Sex: Female Male Neutered: Y N UNK

Date of Onset: ___/___/___ Disposition: Alive Dead (Date of death ___/___/___)

REPORTING NUMBERS

Bureau of Communicable Disease: Ph: 347-396-2600 Fax: 347-396-2753 or x8991 zivdu@health.nyc.gov
After hours and weekends (Poison Control Center): Ph: 212-764-7667 (212-POISONS)

****Please fax any supporting laboratory results with form ****