



ANIMAL DISEASE CASE REPORT FORM

Bureau of Communicable Disease – Zoonotic and Vector-borne Disease Unit

Date of Report: ___/___/___

REPORT THE FOLLOWING DISEASES IMMEDIATELY BY PHONE UPON SUSPICION:		REPORT THE FOLLOWING BY WEB, FAX OR PHONE UPON LABORATORY DIAGNOSIS:
<input type="checkbox"/> Anthrax	<input type="checkbox"/> Brucellosis	<input type="checkbox"/> Arboviral encephalitides
<input type="checkbox"/> Glanders	<input type="checkbox"/> Influenza (<i>novel with pandemic potential</i>)	<input type="checkbox"/> Carbapenem-resistant organism (CRO)
<input type="checkbox"/> Mpox	<input type="checkbox"/> Plague	<input type="checkbox"/> Leptospirosis
<input type="checkbox"/> Q fever	<input type="checkbox"/> Rabies	<input type="checkbox"/> Psittacosis
<input type="checkbox"/> SARS, SARS-CoV-2	<input type="checkbox"/> Tularemia	<input type="checkbox"/> Rocky Mountain spotted fever
<input type="checkbox"/> Other, including 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: _____		<input type="checkbox"/> Salmonellosis
		<input type="checkbox"/> Tuberculosis
		<input type="checkbox"/> Other: _____

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: _____ Owner First Name: _____

Owner Address: _____ Apt #: _____ Borough: _____ ZIP: _____

Phone: _____ Alternate phone: _____

Patient Name: _____ Age: _____ years/months (DOB ___/___/___)

Species: Dog Cat Other _____ Breed: _____

Sex: Male Female Neutered/Spayed: Yes No Unknown

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

REPORTING OPTIONS

1. [Web Based](#) (Also available by visiting nyc.gov/health. Search for "Reporting Animal Diseases")
2. Fax: 347-396-2753 or x8991. *Please fax any supporting laboratory results with form*
3. Email: zivdu@health.nyc.gov
4. Ph: 347-396-2600; after hours and weekends call the Poison Control Center: 212-764-7667