



Report of Zoonotic Disease in Animals

PLEASE PRINT LEGIBLY

Animal Information

DSHS Case #: _____ Animal's Name: _____
 Species: _____ Sex: Male Female Unknown
 Breed (if applicable): _____ Age: _____ Neutered: Yes No Unknown
 Animal's Location (Address, City, Zip): _____

 County of Residence: _____ Longitude: _____ Latitude: _____

Contact Information

Owner's Name: _____ Cell Phone: _____
 Owner's Address: _____ Other Phone: _____
 City, State, Zip: _____ County: _____
 Veterinarian: _____ Phone: _____ Fax: _____
 Clinic Name: _____ Email: _____
 Address: _____ City, State, Zip: _____

Clinical Information

Disease: _____ Date of diagnosis: ___/___/___
 Diagnosis based on: History Clinical Signs Lab Findings
 Clinical Signs (list): _____

 If there is an approved vaccine, has the animal been vaccinated for this disease? Yes No Unknown
 Current Vaccination Date: ___/___/___ Previous Vaccination Date: ___/___/___

Epidemiology

Are there other affected animals on the premises? *(describe on page 2)* Yes No Unknown
 Did the affected animal travel outside of County prior to illness onset? Yes No Unknown
 If yes, provide date of travel and locations: _____
 Is case thought to be imported from outside of Texas? Yes No Unknown
 If yes, from where: _____
 Was owner counseled about zoonotic disease risk? Yes No Unknown
 Are there potential exposures or illnesses in humans? *(describe on page 2)* Yes No Unknown
 Were DSHS advisories issued for: Physicians Yes - Date: ___/___/___ No
 Veterinarians Yes - Date: ___/___/___ No
 Public/News release Yes - Date: ___/___/___ No

Laboratory Findings

Test	Date Collected	Source	Result	Interpretation
				<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done
				<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done
				<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done
				<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done

Completed by Investigating Agency and Regional Zoonosis Control

Date First Reported: ___/___/___ Investigation: Started ___/___/___ Completed ___/___/___
 Date ZDAR Sent to ZCB: ___/___/___ Date Entered in ZC Surveillance Database: ___/___/___
 Reporting Facility: _____
 Name of Investigator: _____ *(Please print clearly)*
 Agency: _____ *(Please do not abbreviate)*
 Phone: _____ E-Mail: _____

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DSHS Case #: _____ Disease: _____

County: _____

Summary and Supplementary Information

Provide brief summary here and attach relevant lab reports/documentation.

Include information regarding other ill animals on premises; human exposure or illness related to this case; any travel or presence of the animal at fairs, shows, or other congregate settings for either animals or humans during the incubation period for the disease; any other information on public health measures related to this case; and any additional details.