

VETERINARY PUBLIC HEALTH PROGRAM  
**Coccidioidomycosis Reporting Form**



**Instructions:** Use this form to report suspected and confirmed cases of coccidioidomycosis to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. For a complete list of reportable animal diseases and conditions, reporting forms, and specific information about disease, please visit our website: <http://publichealth.lacounty.gov/vet/>.

**Date form completed:** \_\_\_\_\_ **Please submit completed form to:** [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov) **OR fax to (213) 481-2375.**

<b>1. Animal</b>				
Name:	Species:	Breed:	Sex/Neut:	Age:
<b>2. Pet Owner</b>				
First name:		Last name:		
Address:		City:	Zip:	
Phone:		E-mail:		
<b>3. Reporting Veterinarian</b>				
Name of veterinarian:		Clinic name:		
Phone:		E-mail:		
<b>4. History</b>				
Pet lives primarily outdoors		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pet digs in soil frequently		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pet/family lives within a site of earth excavation		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pet/family lives near a dirt road		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Travel history (two months prior to illness): <input type="checkbox"/> Outside LA County <input type="checkbox"/> Outside CA <input type="checkbox"/> Outside U.S. <input type="checkbox"/> None <input type="checkbox"/> Unknown				
Travel date: _____		Travel location (city, state, country): _____		
Travel date: _____		Travel location (city, state, country): _____		
<b>5. Clinical Findings</b>				
Onset date:		Presentation date:		Date of death (if applicable):
<u>Check all that apply:</u> <input type="checkbox"/> Cough <input type="checkbox"/> Weight loss <input type="checkbox"/> Lameness <input type="checkbox"/> Fever – highest temp: _____ <input type="checkbox"/> No clinical signs				
Enlarged lymph node location(s): <input type="checkbox"/> Submandibular <input type="checkbox"/> Cervical <input type="checkbox"/> Prescapular <input type="checkbox"/> Axillary <input type="checkbox"/> Inguinal <input type="checkbox"/> Popliteal <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____				
Lesion location(s): <input type="checkbox"/> Ocular <input type="checkbox"/> Bone <input type="checkbox"/> Cutaneous <input type="checkbox"/> Pneumonia/pulmonary <input type="checkbox"/> Other (specify): _____				
<b>6. Diagnostics (please submit laboratory results with this form)</b>				
Date: _____ <input type="checkbox"/> Positive IgG Titer		Result: _____		Date: _____ <input type="checkbox"/> Positive IgM Titer
Date: _____ <input type="checkbox"/> Positive Culture		Location: _____		Date: _____ <input type="checkbox"/> Positive biopsy
Location: _____				
<b>7. Treatment</b>				
Date: _____		Treatment (drug, dosage, duration): _____		
Date: _____		Treatment (drug, dosage, duration): _____		
<b>8. Client Education</b>				
Owner advised that while coccidioidomycosis (Valley Fever) is not zoonotic, a shared exposure could result in human disease (e.g. pet and owner exposed to the same source of infection, such as an earth excavation site). <input type="checkbox"/> Yes <input type="checkbox"/> No				

**PLEASE SUBMIT LABORATORY RESULTS WITH THIS FORM AND EMAIL TO: [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov)**