

VETERINARY PUBLIC HEALTH PROGRAM
Heartworm Reporting Form



Instructions: Use this form to report suspected and confirmed cases of heartworm 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, and reporting forms, please visit our website: <http://publichealth.lacounty.gov/vet/>.

Date form completed: _____ **Please submit completed form to:** vet@ph.lacounty.gov OR fax to (213) 481-2375.

1. Animal				
Name:	Species:	Breed:	Sex/Neut:	Age:
2. Pet Owner				
First name:		Last name:		
Address:		City:	Zip:	
Phone:		E-mail:		
3. Reporting Veterinarian				
Name of veterinarian:		Clinic name:		
Phone:		E-mail:		
4. History				
Previous heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Brand:		
Dose frequency: <input type="checkbox"/> Monthly, year-round <input type="checkbox"/> Monthly, seasonal <input type="checkbox"/> Other: _____				
Suspect heartworm drug resistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk				
Travel history (past 2 yrs): <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				
Exposure Date 1:	Exposure Location 1 (city, state, country):			
Exposure Date 2:	Exposure Location 2:			
Exposure Date 3:	Exposure Location 3:			
5. Clinical Findings				
Onset date:	Presentation date:		Date of death (if applicable):	
Check all that apply: <input type="checkbox"/> Cough <input type="checkbox"/> Lethargy <input type="checkbox"/> Heart Failure <input type="checkbox"/> Respiratory distress <input type="checkbox"/> No clinical signs				
<input type="checkbox"/> Other (please specify):				
6. Diagnostics				
Chest radiographs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe findings:			
HW Test Date 1:	Test: <input type="checkbox"/> Ag <input type="checkbox"/> Ab <input type="checkbox"/> Microfilaria <input type="checkbox"/> Other	Result:		
Test Date 2:	Test: <input type="checkbox"/> Ag <input type="checkbox"/> Ab <input type="checkbox"/> Microfilaria <input type="checkbox"/> Other	Result:		
Test Date 3:	Test: <input type="checkbox"/> Ag <input type="checkbox"/> Ab <input type="checkbox"/> Microfilaria <input type="checkbox"/> Other	Result:		
7. Treatment				
Treatment plan: Follow AHS guidelines <input type="checkbox"/> Slow Kill <input type="checkbox"/> No treatment <input type="checkbox"/> Pending owner decision				
Treatment date 1:	Treatment (medication, dose, frequency):			
Treatment date 2:	Treatment (medication, dose, frequency):			
Treatment date 3:	Treatment (medication, dose, frequency):			
<i>Slow kill is not recommended by the American Heartworm Society. Year-round HW prevention is recommended in LA County.</i>				
8. Client Education				
To reduce the spread of heartworm and other vector-borne diseases to humans and pets, was owner advised about mosquito control (e.g. dumping standing water 1-2 times/week)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

PLEASE SUBMIT LABORATORY RESULTS WITH THIS FORM AND EMAIL TO: vet@ph.lacounty.gov