



Influenza Reporting Form

Date form completed _____

1. Animal Name _____ Species _____ Breed _____ Sex/Neut _____ Age _____

2. Dog Owner

Name(s) :

Street :

City, ZIP

Telephone:

Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian

Name of veterinarian or technician:

Vet Clinic Name:

Address:

City, ZIP:

Telephone

Fax

E-mail:

4. History

DHLPP or FVRCP. Date of last 2 – 3 vaccines if known _____

Bordetella (dogs). Date of last 2 Bordetella vaccines. _____ Intranasal Injectable
 _____ Intranasal Injectable

Potential exposure history

- Another sick animal or person in home Dog or cat show Kennel visit
 Exposure to stray Pet store Shelter visit
 Dog park Other _____

5. Clinical Findings

Date of onset of first symptoms _____ Date of presentation _____

Date of death (if applicable) _____

Highest body temperature measured: _____

Check all that apply:

- Cough Nasal discharge Sneezing
 Fever Chest X-rays taken Patient hospitalized
 IV fluids given Supplemental oxygen given

If nasal discharge present, please note: color, consistency, uni- or bilateral: _____

If chest radiographs were taken, please describe what was seen: _____

Name of medications used in treatment: _____

Amount of time it took pet to recover: _____

Date(s) serum drawn _____

Other comments _____

6. Laboratory results - Please fax all laboratory results to us along with this form.