



Leptospirosis Report Form

Date form completed _____

1. Dog Name _____ Breed _____ Sex/Neut _____ Age _____

2. Dog Owner

Name:

Address:

City, ZIP:

Telephone:

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

3. Veterinarian

Name of veterinarian or technician:

Clinic Name:

Address:

City, ZIP:

Telephone:

Fax:

E-mail:

4. Exposure History

Vaccinated against *Leptospira* before illness? Yes No

Date of last *Leptospira* vaccination : _____ bivalent quadrivalent

Travel outside of Los Angeles County? Yes No

Travel locations, approx dates: _____

Animal exposures: Skunks Opossums Raccoons Deer

Rats Mice Pigs Cattle Horses

Other exposure: _____

5. Clinical Findings

Date of onset _____ Date of presentation _____

Date of death _____ Highest body temperature measured _____

Clinical signs:

Polyuria Polydipsia Vomiting Diarrhea Icterus

Lethargy Anorexia Other (describe): _____

6. Treatment antibiotic(s), duration): _____

7. Laboratory results Please send in related laboratory results (disease tests, cbc, chem etc) with form.