



Animal Methicillin-Resistant *Staphylococcus* Reporting Form

Please report all Methicillin-resistant *Staphylococcus* species, including *S. aureus* (MRSA), *S. schleiferi* (MRSS), and *S. pseudointermedius* (MRSP).

Date form completed _____

1. Animal	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Horse	<input type="checkbox"/> Bird	<input type="checkbox"/> Other _____
Name _____	Breed _____		Sex/Neut _____		Age _____

2. Animal Owner	
Name(s) _____	
Address _____	
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. Exposure History		
Any associated human illness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any other animals in family ill from bacteria?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. Clinical Findings		
Date of onset at home _____	Date of presentation _____	Date of death (if applicable) _____
<u>Check all that apply:</u>		
<input type="checkbox"/> Fever (highest body temperature measured _____)	<input type="checkbox"/> Skin lesions/dermatitis	<input type="checkbox"/> Skin lesion/mass-like
<input type="checkbox"/> Abscess	<input type="checkbox"/> Urinary tract infection	<input type="checkbox"/> Post-operative infection
<input type="checkbox"/> Otitis externa	<input type="checkbox"/> Surgical implant	<input type="checkbox"/> Septic arthritis
<input type="checkbox"/> Intravenous catheter	<input type="checkbox"/> Other _____ Location of lesion(s) on body _____	
Were any pictures taken of the lesion(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Treatment. Please comment on antibiotics administered and response to treatment.
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7. Laboratory results. Please fax all bacterial cultures and other lab results in along with form.
