



Tick-borne Disease Reporting Form

Date form completed _____

1. Disease Anaplasmosis Ehrlichiosis Babesiosis
 Borreliosis (Lyme) Spotted Fever Rickettsiosis (Rocky Mountain Spotted Fever)

2. Pet Dog Cat Other _____
Name _____ Breed _____ Sex/Neut _____ Age _____

3. Pet Owner

Name(s) _____
Address _____
City, ZIP _____
Telephone: _____ May we call the owner(s) to ask more about the history? YES NO

4. Reporting Facility

Veterinarian or technician: _____
Clinic or Shelter Name: _____
Address: _____
City, ZIP: _____
Telephone _____ Fax _____ E-mail: _____

5. Tick Exposure History

Ticks from pet saved in alcohol for identification? Yes No
Owner reports seeing ticks on pet earlier? Yes No
Parks and places in LA County the pet visits: _____

Does the pet visit places outside of LA County? Yes No
Where? _____

6. Clinical Findings

Date of onset _____ Date of presentation _____ Date of death _____
Highest body temperature measured _____
Check all that apply:
 Fever Anorexia Vomiting
 Epistaxis Petechiae/ecchymoses Enlarged lymph node(s)
 Neurosigns Edema Lameness
Please describe: _____

7. Treatments: (Ex. antibiotics or corticosteroids, ectoparasite control)

8. Laboratory results. Please fax all laboratory results along with this form.