



Canine Brucellosis Reporting Form

Date form completed _____

1. Dog

Name _____ 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. Exposure History

- How long has the owner had the dog? _____
- Where did the owner get the dog? Please list name and address of animal shelter/rescue group/breeder/private party. _____

- If this dog is spayed/neutered, please note the approximate date of the procedure _____
- Are there any other dogs in the household? YES NO
If YES, how many other dogs are in the home? _____
- Do any other dogs in the household have the same clinical signs? YES NO
- Has the dog ever mated with another dog (intentional breeding or not)? YES NO
(If YES, please fill out another form for the dog with which it mated.)
- Has this dog ever been in contact with cattle, goats, sheep, pigs, deer, or rodents? YES NO
If YES, please describe _____
- Is there any known illness in humans that handled the dog? YES NO

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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> no clinical signs | <input type="checkbox"/> fever | <input type="checkbox"/> lethargy | <input type="checkbox"/> exercise intolerance |
| <input type="checkbox"/> urinary tract infection | <input type="checkbox"/> abortion | <input type="checkbox"/> diskospondylitis | <input type="checkbox"/> epididymitis |
| <input type="checkbox"/> ocular lesions | <input type="checkbox"/> enlarged lymph nodes. Node locations: _____ | | |
| <input type="checkbox"/> other _____ | | | |

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